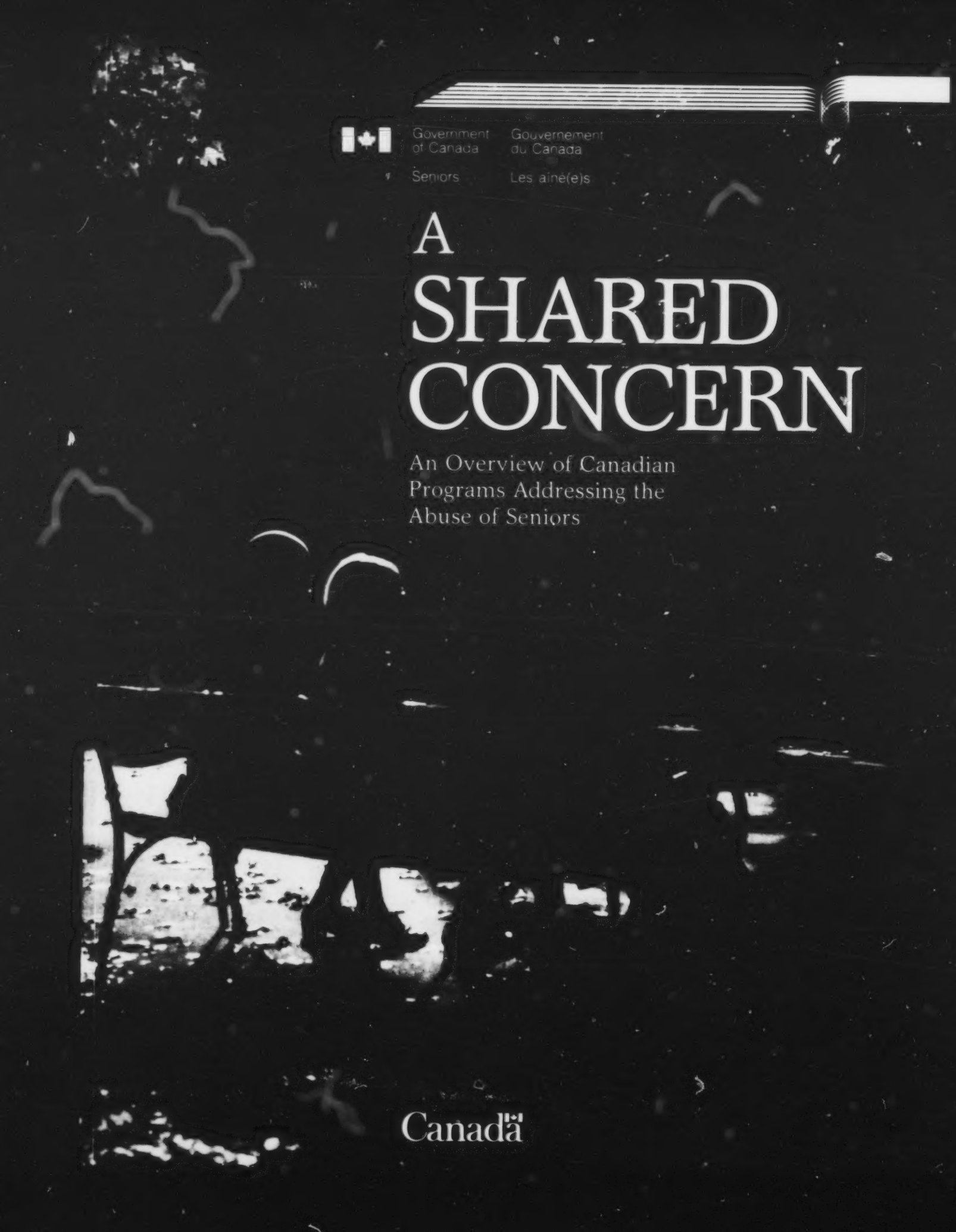

Government of Canada / Gouvernement du Canada

Seniors / Les aîné(e)s

A SHARED CONCERN

An Overview of Canadian Programs Addressing the Abuse of Seniors

Canada

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Une responsabilité à partager
Aperçu des programmes canadiens concernant les mauvais traitements infligés aux aînés

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Chelsea Group Communications of Ottawa conducted the survey and prepared the overview.

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Additional copies of *A Shared Concern* are available from:

Seniors Secretariat
Health and Welfare Canada
Ottawa, Ontario
K1A 0K9
Tel.: (613) 952-7606; Fax: (613) 957-7627

or:

The National Clearinghouse on Family Violence
Family Violence Prevention Division
Health and Welfare Canada
Main Floor, Finance Building
Tunney's Pasture
Ottawa, Ontario
K1A 1B5
Tel.: (613) 957-2938; Fax: (613) 957-4247
Toll-free number: 1-800-267-1291

Findings and opinions expressed are those of the investigators and not necessarily those of Health and Welfare Canada.

Introduction

By the year 2000, some 3.4 million people in Canada will be at least 65 years of age. At the present time, older people represent 11 percent of our total population. Of these, 8 percent are in long-term care facilities, with the remainder living in the community. Approximately one third of our population over age 65 were born outside Canada. Most older Canadians enjoy strong and healthy ties with their children, extended families and friends. Those in long-term facilities usually have good relationships with their care-providers.

Unfortunately, a number of older adults are neither happy nor safe. They are being victimized by family members, informal care-providers, friends or formal caregivers in institutional settings. According to a 1989 national survey conducted by Ryerson Polytechnical Institute and funded by Health and Welfare Canada, at least 4 percent of seniors within the community setting have experienced abuse.

For the purposes of this overview, elder abuse is defined as harm to an older person caused by someone in a position of trust, who may have control over the victim. This includes material abuse such as financial exploitation; physical abuse such as pushing, shoving or physical assault; psychological abuse such as chronically threatening, swearing at or insulting the older person; and neglect or failing to provide necessary help such as meal preparation, housework or personal care.

In the last few years, a number of communities, organizations and institutions have begun to respond to the issue of elder abuse. Until now, however, there has been no extensive compilation of programs and services across Canada dealing specifically with elder abuse.

This descriptive overview has been compiled as a first step toward documenting existing programs, services and protocols on elder abuse.

Its purpose is

- to present a snapshot of what is being done to prevent and deal with elder abuse across Canada;
- to identify and list elder abuse-specific programs and services that help seniors who are abused or at risk of being abused. This includes prevention initiatives (information and education specific to elder abuse) and the use of protocols for dealing with elder abuse (in both community and institutional settings); and
- to encourage networking, new initiatives and the sharing of ideas, resources and expertise among individuals and groups who are concerned about the abuse of seniors.

Usefulness and limitations

A Shared Concern provides a descriptive overview of elder abuse programs and services. No attempt has been made to analyse their effectiveness or adequacy.

This overview was developed through the use of a questionnaire, (Appendix I) which was mailed to

- groups and organizations most likely to be involved (see Appendix II on methodology); and

- hard-to-reach groups (such as informal community groups and ethnocultural groups) who might be providing programs or services.

The overall response rate to the survey was 32 percent; however, only 13 percent completed the questionnaire. This is believed to reflect the fact that the response to elder abuse is still in the early stages across Canada. While many groups share the concern, the response is, to a large degree, informal, ad hoc and uncoordinated. Nevertheless, an important finding is that all across Canada, many concerned individuals, groups and organizations are responding in some way. *A Shared Concern* is the first report to describe how that is being done.

This overview is a useful start at identifying groups that are involved in elder abuse. However, the initiatives described here may not represent a comprehensive picture of the response to elder abuse in Canada. Some existing programs remain unidentified; others will be established by the time this overview is published.

Elder abuse is dealt with in a variety of sectors including health and social services, acute and long-term care facilities, law enforcement, the legal sector, community organizations, seniors groups, governments and interdisciplinary groups. It was beyond the scope of this project to survey every group and organization within all these sectors.

The use of a single questionnaire for diverse groups and sectors also had limitations. In particular, national groups had trouble completing the questionnaire because many questions were geared to programs working directly with seniors.

Questions about the number of cases and types of abuse encountered were asked to determine who is most likely to encounter abuse. Total numbers are not provided and no conclusions can be drawn about the prevalence of elder abuse in Canada or in an individual province or territory.

The survey was conducted between January 1 and March 1, 1991. Several completed questionnaires were returned after the cut-off date and could not be included; however, a copy of *A Shared Concern* has been sent to all respondents. Those whose programs were missed and would like them included should complete Appendix VI.

What is included and excluded in this report

The purpose of the survey was to identify programs, services and protocols that help seniors deal with abuse. Therefore, other kinds of initiatives reported by some respondents (such as indirect services that may prevent abuse) have not been described.

Training and research initiatives are not included. Legislation is mentioned where survey respondents identified it, but it is not described in detail; other studies have done this. As well, other kinds of initiatives, such as policy development and information tracking systems, have been excluded from the body of the text. It is recognized that initiatives such as these provide an essential part of the response to elder abuse, but they were beyond the scope of this study. Additional information of this type is included in Appendix V.

Numerous family violence initiatives, such as victim assistance programs, shelters for battered women and community policing, serve seniors as part of a broad-based approach to family violence. These are included if respondents reported programs, services or protocols that deal with elder abuse.

Generic programs and services for seniors are believed to contribute significantly to the prevention of elder abuse. These include seniors centres and health and social services such as home support and respite care. Only those that reported elder abuse services are included in this report.

Resources are mentioned throughout the text and summarized in Appendix IV. Readers are encouraged to contact the respondents directly regarding the availability of sample copies.

How the information was gathered

To gather information on programs, services and protocols related to elder abuse, 2 495 questionnaires were mailed out across the country in January 1991. Responses were recorded in February and March of 1991. The returns fell into four categories:

1. groups that had no program, service or protocol on elder abuse as of February 28, 1991;

2. groups that were developing a program, service or protocol on elder abuse;

3. groups that were encountering and responding to elder abuse on a case-by-case, informal basis; and

4. groups having formal or mandated programs, services or protocols for elder abuse.[1]

Only completed questionnaires (groups 3 and 4) were entered in the data collection. A further description of the methodology is given in Appendix II, and details of the response rate by province and territory can be found in Appendix III.

Format of the report

To accommodate the reality of the response to elder abuse in Canada, this report uses a descriptive format. All identified programs, services and protocols are included in the descriptive information, whether they are ad hoc or formal. However, only those with a formal mandate are listed as contacts. These are the groups that can best share their initiative with others who may want to develop a specific response to elder abuse.

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1 *These groups responded positively to the statement, "We deal with elder abuse as an official part of our program."*

This report describes the organizations and projects responding to elder abuse by province and territory. National organizations and the federal government also are described in a separate chapter. Examples of programs that focus specifically on elder abuse or that demonstrate the variety of approaches in use are described in detail throughout the text. A summary of what was learned in this survey is presented at the end of the report.

Programs and services are described under the category that best describes their delivery. For example, home nursing care may be a provincial government program delivered at the community level; it would be described under "Community-based programs and services".

Fax numbers and contact names are provided when they were made available.

Highlights

- The response to elder abuse is growing all across Canada and in all sectors.

- Action on elder abuse occurs primarily at the community or municipal level (74% of respondents); however, provincial, territorial and federal governments play important roles in funding and policy development.

- Within the last few years, the federal government and all of the provincial and territorial governments have struck interministerial committees on family violence. Some have subsequently formed subcommittees on elder abuse that have spearheaded a varied response to the issue in each jurisdiction. Similarly, seniors secretariats and offices on seniors, which are concerned with all issues relating to older people, have become increasingly concerned about elder abuse.

- Despite this shared concern, most of our current efforts tend to be scattered, uncoordinated and in the early stages of development.

- Elder abuse-specific activities fall into three categories: time-limited projects (usually involving education and awareness and funded through Health and Welfare Canada's Seniors Independence Program (SIP), New Horizons or the federal Family Violence Initiative), ongoing programs and services that are doing their best to deal with elder abuse on an ad hoc basis, and the use of protocols in institutions and communities to make assessments and referrals. Only a few communities have initiated a coordinated, interdisciplinary approach to the problem.

- Most groups (72% of respondents) are dealing with elder abuse as part of a broader-based approach to family violence.

- Some groups (30% of respondents) had a formal mandate and dedicated resources to deal with elder abuse.

- Nineteen different protocols or guidelines were identified; however, most respondents (83%) were not using a standard protocol for the identification and investigation of elder abuse.

- Over 80 percent of respondents said that they were working with other groups; however, 43 percent of respondents do not include seniors in the development or implementation of elder abuse programs or services.

- Few groups (6% of respondents) had conducted a formal evaluation of their program, service or protocol.

- The most common activities were awareness raising, information sharing and referrals.

- *A Shared Concern* provides a start at identifying programs, services and protocols on elder abuse across Canada. Other efforts are needed to share approaches that work and to document the role of non-specific activities that help to prevent elder abuse.

If you think that your program should appear in this overview, or if information included here requires correcting, please complete Appendix VI. Address all correspondence to

A Shared Concern
Seniors Secretariat
Health and Welfare Canada
Ottawa, Ontario
K1A 0K9
FAX: (613) 957-7627

Newfoundland

Any adult person who is deemed to be competent has a right to live their life in the way that they see fit. Therefore, you cannot impose your values and standards of living on someone else. This is important in cases of allegations of abuse or neglect. Any court proceeding related to abuse and neglect of the elderly will clearly identify the individual's right to self-determination. ... Draft, Elder Abuse and Neglect Protocol Manual for Staff and Volunteers, Seniors Resource Centre, Gander.

Overview

Forty questionnaires were mailed to Newfoundland. A total of 16 responses were received before the cut-off date, including six completed questionnaires, seven groups that requested a copy of the overview, although they had no formal program in place at the time, and three groups with no interest at the time.

The seven that completed the questionnaire reflected a combination of government and community-based action on elder abuse. Government's involvement was reflected in follow-up to the Neglected Adults Welfare Act and the development of a protocol for institutions and home care. The catalyst of the community response was the establishment of the demonstration Seniors Resource Centre in St. John's, with two satellites in Gander and Marystown. Governments were the most common source of funding. Respondents worked in English only. Information and advocacy were the most commonly offered activities.

There were no returns from Native or multicultural groups, nor from law enforcement or justice agencies.

Community-based programs and services

The three community services that responded offered programs and information on elder abuse. Two programs had encountered 6 to 10 cases of known or suspected elder abuse in the six months preceding the survey. The other respondent had encountered 1 to 5 cases. All three were in the process of developing a protocol.

The **Committee on Abuse and Neglect, St. John's Home Care Program**, is an interagency committee whose primary objective is protocol development to assist staff in the identification, reporting, assessment, treatment or service coordination of individuals or families experiencing abuse or neglect. The committee is currently drafting an agency protocol for neglect and abuse victims encountered by field staff.

The **Seniors Resource Centre Association**, which is funded by a three-year contribution from Health and Welfare Canada's Seniors Independence Program (SIP), is dedicated to promoting the independence and well-being of seniors. The association consists of a network of centres and community programs that respond to the needs and interests of older persons throughout the province. Their St. John's office acts as the provincial headquarters. There are also satellite centres in Gander and Marystown that respond to calls on seniors issues.

The St. John's Centre operates a province-wide toll-free line from 8:30 a.m to 4:30 p.m. Monday to Friday for seniors and various agencies. In addition, the centre has a library with a large amount of information on elder abuse.

The centre assists seniors in acquiring the services of legal aid and provides advice to seniors and support organizations on how to deal with abuse. The St. John's office had some 43 enquiries about elder abuse in the six months preceding the survey. Sixteen of these were for general information and media enquiries; the remaining 27 involved family abuse

or neglect, specifically including alcohol abuse, sexual abuse and harassment.

The Seniors Resource Centre in Gander acts as a referral agency for approximately 125 rural communities and responds to reports of elder abuse as part of their overall service to seniors. Any cases of reported abuse are referred to the Department of Social Services. The Gander centre has developed a protocol for handling elder abuse for use in training volunteers and staff.

Acute and long-term care facilities

The **Newfoundland Hospital and Nursing Home Association** has a protocol called the *Abuse of People*. It includes elder abuse and neglect, their definitions and their indicators. The administrative policies and procedures for intervention are the same as those used for other forms of family violence and adult abuse. As of February 1991, there were no procedures for intervention specific to elder abuse.

Waterford Hospital in St. John's has a protocol for dealing with elder abuse and an audit checklist to evaluate intervention. The Department of Social Work coordinates the hospital's response to family violence: one social worker has primary responsibility in cases of elder abuse.

Government of Newfoundland

The **Department of Social Services** delivers a range of income support and personal social services. Included as part of these services is the provision of services to seniors such as intake and referral services, assessment, counselling, financial assistance, housing repair, issuance of health care drug cards, services to licensed boarding homes and coordination of home supports. Any of these services can be used when dealing with the abuse of seniors.

In the case of suspected elder abuse, Social Services field staff are involved in the investigation and in the laying of the petition before the

court if that is deemed necessary. These tasks are performed on behalf of the Department of Health, which has responsibility for the relevant legislation, namely, the Neglected Adults Welfare Act.

The **Department of Health's Division of Services to Seniors** is responsible for the administration of the Neglected Adults Welfare Act. In cooperation with the Department of Social Services, it provides investigation, follow-up, monitoring and court referrals in cases of suspected or confirmed elder abuse.

The **Neglected Adults Welfare Act**, passed in 1973, allows the Department of Social Services to investigate and interview, in certain cases, adults who are suspected or known to be victims of neglect. The Act also makes it compulsory to report cases to the Department of Social Services. Section 4(1) of the Neglected Adults Welfare Act states, "Any person who has information which leads him to believe that an adult is a neglected adult shall give the information, together with the name and address of the adult, to the Director or to a welfare officer who shall report the matter to the Director."

Contacts Having Formal Programs

Community-based programs and services

Home care program developing a protocol

The Committee on Abuse and Neglect
The St. John's Home Care Program
P.O. Box 13122, Station A
St. John's, Newfoundland
A1B 4A4
Tel: (709) 753-3095; Fax: (709) 753-6718
Attention: Doris M. Hancock

Seniors Resource Centre Association (providing information, education and referrals)

Seniors Resource Centre (St. John's)
Suite 104, 120 Torbay Road
St. John's, Newfoundland
A1A 2G8
Tel: (709) 737-2333; Fax: (709) 737-3601
Attention: Anna Guigné

Seniors Resource Centre (Gander)
P.O. Box 330
Gander, Newfoundland
A1V 1W7
Tel: (709) 256-2333; Fax: (709) 651-3556
Toll-free line: 1-800-463-7878 (province-wide)
Attention: Kim Cheeks and Dennis Brothers

Seniors Resource Centre (Marystown)
P.O. Box 687
Marystown Mall
Marystown, Newfoundland
A0E 1M0
Tel: (709) 279-3662; Fax: (709) 279-2330
Toll-free line: 1-800-563-8009
Attention: Stella Hollett and Mike Pickett

Acute and long-term care facilities with protocols

Newfoundland Hospital and Nursing Home Association
P.O. Box 8234
St. John's, Newfoundland
A1B 3N4
Tel: (709) 364-7704; Fax: (709) 364-6460
Attention: Jane Helleur

Gander and District Continuing Care Program
Newfoundland Hospital and Nursing Home Association
328 Elizabeth Drive
P.O. Box 149
Gander, Newfoundland
A1V 1W5
Tel: (709) 256-7969; Fax: (709) 651-3556
Attention: Sandra Dingle

Waterford District Hospital
Department of Social Work
Waterford Bridge Road
St. John's, Newfoundland
A1E 4J8
Tel: (709) 364-0111; Fax: (709) 364-0804
Attention: Connie Power

Government of Newfoundland

Department of Social Services
Division of Planning and Research
Confederation Building, West Block
P.O. Box 8700
St. John's, Newfoundland
A1B 4J6
Tel: (709) 576-3607; Fax: (709) 576-0583
Attention: Ron Day

Division of Services to Seniors
Department of Health
P.O. Box 8700
St. John's, Newfoundland
A1B 4J6
Tel: (709) 576-3551; Fax: (709) 576-5824
Attention: Reg Gabriel

Nova Scotia

Respite care for family caregivers of the elderly helps to avoid the overload of stress that can lead to abuse. ... Care for the Caregiver Project

As an immigrant support service we are concerned with the overall need for our clients to receive more information related to the issue of elder abuse. ... Metropolitan Immigrant Settlement Association

Overview

In Nova Scotia, 11 of the 17 respondents that completed the questionnaire were government agencies. This may reflect the fact that the Adult Protection Act of 1985 provides for mandatory reporting of elder abuse to the Minister of Social Services. It may also reflect the recent formation of a provincial Task Force to deal with the issue of elder abuse.

One hundred and twenty questionnaires were mailed to Nova Scotia. A total of 37 responses were received, including 17 fully completed questionnaires, 14 replies from groups with an interest but no formal program in place at the time and six groups with no interest at the time.

Among those who completed the questionnaire, 10 respondents served a community, municipality or region and seven worked at the provincial level.

Nine respondents dealt with seniors only; eight dealt with all ages. One immigrant support group responded: it was without a program dealing

specifically with elder abuse, but had encountered 1 to 5 cases in the preceding six months.

Twelve of the 17 respondents said that they deal with elder abuse as part of a broader-based approach to family violence. The great majority (14 of 17) had no formal mandate to deal with elder abuse but were handling cases as they arose. Referral was the activity most often offered, followed by information, awareness and education. Three of the respondents operated in another language in addition to English.

Community-based programs and services

One home care program, which did not have a specific protocol to deal with elder abuse, reported seeing 6 to 10 cases of elder abuse in the last six months.

Community health and social services also tended to deal with elder abuse on a case-by-case basis. The Department of Community Services is mandated to ensure that people abide by the Adult Protection Act. If abuse cases are found, the individual is referred to a service agency.

Acute and long-term care facilities

Respondents from acute and long-term care facilities reflected the overall finding that most groups do not have a formal protocol for dealing with elder abuse. Rather, they handle it on a case-by-case basis, within the context of a broader approach to patient or resident care. Referrals are made to the Office of Adult Protection or the Department of Community Services, or to home care. In general, these facilities also train staff to recognize the signs of possible abuse. Among the five facilities that responded, three had encountered cases of abuse in the six months preceding the survey.

Generally, homes for the aged in Nova Scotia receive referrals for potential residents who are involved in suspected or confirmed abuse situations.

The **Oldest Old Protection Project** at the **Social Work Department** of the **Victoria General Hospital** offers training to professionals, and education and counselling to victims of elder abuse. It had encountered 11 to 20 cases of elder abuse in the six months preceding the survey, with financial or material abuse being the most frequent. Education and training materials are being developed. The project is funded by the Seniors Independence Program (SIP) of Health and Welfare Canada.

Legal sector

The **Public Legal Education Society of Nova Scotia** was the only legal agency that completed the questionnaire. It operates with private and public funding to educate Nova Scotians about their rights and responsibilities. Elder abuse is one of the many topics it covers.

In 1989, the society completed the **Seniors and the Law Project** and *Seniors and the Law Kit*. SIP provided funding for the project. Brochures were created on topics such as patients rights, guardianship and elder abuse. In the last five months of 1989, over 1 000 copies of the kit were distributed throughout Nova Scotia. Copies of the *Seniors and the Law Kit* are available for $5.

The society also ran a project called "Regional Workshops: A Team Approach to Family Violence Cases", which included four workshops across the province for police, child protection and mental health workers, Crown prosecutors and community agencies. A brochure (free copies available) describing the Adult Protection Act and how it relates to elder abuse was included in the workshop material.

Government of Nova Scotia

The **Nova Scotia Senior Citizens Secretariat**, which was established by statute in 1980, provides policy direction on seniors issues. In 1986, the secretariat published an educational and awareness booklet entitled *Elder Abuse: Everyone's Concern*.

Currently, the secretariat is involved in a province-wide study to assess needs and draw up a plan of action on elder abuse and neglect. This study also increases the awareness of seniors and communities regarding elder abuse. Contribution funding for this study is provided by the Family Violence Prevention Division, Health and Welfare Canada.

The **Office of the Public Trustee** handles financial abuse of seniors as part of a broader mandate to help those who need income management support. The office reported 6 to 10 cases of abuse of seniors in the past six months.

Adult Protection Services in the **Department of Community Services** deals with elder abuse by enforcing the Adult Protection Act. It takes referrals of possible abuse or vulnerable adults from acute or long-term care homes. Cases are then investigated by adult protection workers.

The **Adult Protection Act**, as enacted in January of 1986 and administered by the provincial Department of Community Services, provides protection from physical abuse, sexual abuse, mental cruelty and neglect for persons aged 16 or over who are incapable of protecting or adequately caring for themselves. Mandatory reporting is part of the legislation, and reports of suspected abuse or neglect of vulnerable adults are investigated by five adult protection workers located throughout the province. Victims are referred to service agencies if they agree. Court intervention to provide protection is used only as a last resort in those situations where adults or caregivers refuse service and are deemed to be incapable of making a decision.

The Province of Nova Scotia has also announced the establishment of a **Family Violence Prevention Initiative**, with direction and leadership provided by an interdisciplinary working group.

The **Department of the Attorney General** is responsible for the development and coordination of province-wide service to crime victims. In partnership with the federal Department of Justice, the department has funded a province-wide Victim Needs and Services Assessment.

The Victims' Services Division coordinates victims' service programs throughout the province.

The **Provincial Family Violence Committee** was established in 1983 by the Minister of Community Services. Its primary concern is the prevention, detection, treatment and support of victims.

Contacts Having Formal Programs

Community-based programs and services (offering training, education or respite care)

In Home Support, Friendly Visiting
Colchester County Social Services
P.O. Box 697
Truro, Nova Scotia
B2N 5E7
Tel: (902) 895-9236; Fax: (902) 895-9983
Attention: Michael V. Roma

Acute care hospital providing education and counselling

Oldest Old Protection Project
Social Work Department
Victoria General Hospital
1278 Tower Road
Halifax, Nova Scotia
B3H 2Y9
Tel: (902) 428-4000
Attention: Paul Girard

Legal sector

Public Legal Education Society of Nova Scotia
1127 Barrington Street
Suite 109
Halifax, Nova Scotia
B3H 2P8
Tel: (902) 423-7154; Fax: (902) 421-1255
Attention: Executive Director

Government of Nova Scotia

Nova Scotia Senior Citizens Secretariat
4th Floor, Dennis Building
1740 Granville Street
4th Floor
P.O. Box 2065
Halifax, Nova Scotia
B3J 2Z1
Tel: (902) 424-5329; Fax: (902) 424-0561
Attention: John A. MacKenzie

Office of the Public Trustee
Suite 220
5151 Terminal Road
Halifax, Nova Scotia
B3J 1A1
Tel: (902) 424-7760; Fax: (902) 424-4556
Attention: M.H. Bushell, Public Trustee

Adult Protection Services
Department of Community Services
P.O. Box 696
Halifax, Nova Scotia
B3J 2T7
Tel: (902) 424-7615
Attention: Nancy Cochrane, Co-ordinator

Co-ordinated Home Care Program
Department of Community Services
P.O. Box 696
Halifax, Nova Scotia
B3J 2T7
Tel: (902) 424-4653; Fax: (902) 424-0502
Attention: Joan Redmond, Assistant Provincial Co-ordinator

Department of the Attorney General
P.O. Box 7
Halifax, Nova Scotia
B3S 2L6
Tel: (902) 424-8098
Attention: Susan Cleary

Prince Edward Island

We are becoming increasingly aware of the problem of senior abuse but do not yet have sources of expertise available to us. ... Kings County Addiction Services, Inc.

Family members are the most frequent abusers of the elderly, and the majority of the victims are elderly women. ... Hospital Protocol: Victims of Domestic Violence, P.E.I., 1987

Compared to other types of crime, elder abuse is not often reported to the police in P.E.I. Our assistance is more likely to result from crimes committed by non-family members (e.g., robbery, break and enter, theft). ...Victim Services Program, Department of Justice

Overview

Eighty-four questionnaires were mailed to Prince Edward Island. A total of 28 responses were received, including 15 completed questionnaires, seven groups with an interest but no program in place at the time and six groups with no interest at the time.

Two of the 15 respondents offer services in English and French; the rest worked in English only. No questionnaires were returned by Native or multicultural groups.

Eleven of the 15 respondents that completed the questionnaires came from the governmental sector; most (10) served all ages. Information and

referrals were the activities most likely to be offered. Unlike the overall national response, psychological abuse was encountered more often than financial abuse.

Community-based programs and services

Community support services for victims of violence tend to deal with elder abuse as a part of a broader approach to family violence. Among the three respondents, two had seen 1 to 5 cases of elder abuse in the six months preceding the survey; the other had seen none. All three are providing ongoing services to victims, in cooperation with the police and other agencies.

The **East Prince Committee on Family Violence** is one example of coordinated action among home care, health and social services, the police and community groups. They deal with elder abuse as one part of their interdisciplinary efforts in family violence. The **West Prince Services for Women and Children Victimized by Family Violence** program deals with senior women who are victims of abuse.

Spousal Support Services operates in cooperation with the East Prince Committee on Family Violence and the Transition House Association. It deals with elder abuse by providing information and support to women with abusive partners. Three elderly women who were victims of psychological and physical abuse have used the service. Spousal Support Services also works in close contact with the social service agency responsible for Home Care and Support Services as well as Adult Protection Services.

Two addiction service agencies responded. While neither has an official mandate to do so, both had dealt with 1 to 5 cases of known or suspected elder abuse in the past six months.

Queens County Addiction Services, Alcohol and Drug Problems Institute, is an ongoing addiction treatment service dealing with elder abuse as part of a broader-based approach to family violence and addiction. In addiction treatment, the institute often identifies addicted

persons who abuse or exploit older people, especially women. In cases of abuse, staff provide referrals, counselling or both. The institute is also part of an interagency collective, The Turning Point Group, which provides treatment for men who batter. Kings County Addiction Services, Inc. commented that staff have become increasingly aware of the problem of elder abuse.

The **Community Legal Information Association of P.E.I.** provides legal information to the public, including a *Directory of Services for Victims of Crime* published through the Victims Services Program, Department of Justice. Although they have no specific materials related to elder abuse, they have information on elder abuse in their library and provide information and referrals on their enquiry line.

Learning Today for a Better Tomorrow, a province-wide program funded by Health and Welfare Canada's Seniors Independence Program, is a three-year project broadly directed toward improving community understanding of older Island residents. The project is sponsored by the Prince Edward Island Association of Social Workers. Among its objectives, the program aims to increase the level of public awareness and understanding of elder abuse and neglect; to help seniors and their families learn how to communicate honestly and effectively about the concerns and problems they face; and to improve the knowledge and skill level of those who work with seniors.

A full-time coordinator is preparing booklets for caregivers and the general public, giving information sessions across the Island, forming family support groups for caregivers of seniors, and providing a professional development workshop. Samples of resources, including a video, are available on a purchase or loan basis.

Acute and long-term care institutions

The **Hospital and Health Services Commission** established a hospital protocol committee to develop hospital emergency procedures for battered wives. The role of the committee has since expanded to include procedures for dealing with abuse of the "physically and mentally frail".

The manual *Hospital Protocol: Victims of Domestic Violence* covers everything from the detection of abuse to how to speak to abused seniors and how to refer them to appropriate services.

Wedgewood Manor, a long-term care facility in Summerside, provides seniors drop-in services. All staff are trained to handle elder abuse and are obligated to report any cases.

Law enforcement

The **Royal Canadian Mounted Police** offers services to abused seniors as part of a broader approach to community policing and assisting victims of crime. The **Community Policing** office of the RCMP in Charlottetown deals with elder abuse as a specific part of its program and has personnel dedicated specifically to elder abuse. It offers referrals, legal access, community services and counselling. Other police departments offer referrals and information within a broader approach to victim services and crime prevention.

Government of Prince Edward Island

An **Interministerial Committee on Family Violence** has existed since 1989. As a result of a proposal by this committee, a community development approach to family violence is being pursued, led by an intersectoral government and community committee.

The Prince Edward Island **Department of Health and Social Services** provides leadership and policy direction on seniors issues. Within the Department, the **Community Care Facility and Nursing Program** oversees and enforces provincial regulations related to the Adult Protection Act. The program is indirectly related to elder abuse as it monitors, reports and enforces the Community Care Facilities and Nursing Home Act and Regulations. While it is basically a regulatory body, cases of elder abuse are dealt with as they arise, through referral to appropriate services.

The 1988 **Adult Protection Act** ensures that people who are unable to guard themselves against abuse are given protection. This is to be done in the least obtrusive manner possible, with respect to people's wishes. In the process, it offers protection of their estate and civil rights. The Emergency Intervention section of the Act is the most applicable to elder abuse. Section 23(1) states

> Subject to subsection 2, where normally a person's consent or a court order would be required and yet the Minister is convinced that there exists an emergency condition posing immediate danger of death or the threat of extreme harm to the physical or mental health of a person evidently in need of assistance or protection, the Minister may, without court order, intervene in such way and to such degree as may be demonstrably necessary to remove the person from the danger or the source of harm from the person and so protect him from the harm.

Within the department, **Home Care and Support** has a specific protocol for dealing with elder abuse, developed in 1987. The *Abuse/Neglect Protocol* describes indicators of abuse and neglect, and outlines the steps to be followed on discovery of suspected abuse. Of the two home care services that responded, one had come across 1 to 5 cases of known or suspected abuse in the past six months; the other had found 11 to 20.

The **Victim Services Program, Community and Correctional Services Division, Department of Justice**, provides assistance to all victims of crime on Prince Edward Island. It takes referrals from the police, then contacts victims or their families to inform them of available services. Victims of family violence, including wife abuse and elder abuse, are given priority because these are crimes likely to cause trauma for the victim. The service offers information on case status and the criminal justice system, counselling, referrals to community services, assistance through the court process and assistance in making claims for criminal compensation. Approximately 3 percent of their total number of clients are over 60 years of age; overall, 39 percent of cases relate to wife abuse.

Contacts Having Formal Programs

Community-based programs and services

Spousal Support Services
The East Prince Committee on Family Violence
P.O. Box 1478
Summerside, Prince Edward Island
C1N 4K4
Tel: (902) 436-0517
Attention: Brenda Picard

Spousal Support Services
West Prince Services for Women and Children
Victimized by Family Violence
Transition House Association
P.O. Box 8
O'Leary, Prince Edward Island
C0B 1V0
Tel: (902) 859-2400; Fax: (902) 859-2195
Attention: Valerie Strang

Queens County Addiction Services
Alcohol and Drug Problems Institute
P.O. Box 1832
Charlottetown, Prince Edward Island
C1A 7N5
Tel: (902) 368-4026
Attention: Colin Campbell

Community Legal Information Association of P.E.I., Inc.
16 Fitzroy Street
P.O. Box 1207
Charlottetown, Prince Edward Island
C1A 7M8
Tel: (902) 368-4098

Learning Today for a Better Tomorrow
Prince Edward Island Association of Social Workers
P.O. Box 1888
Charlottetown, Prince Edward Island
C1A 7N5
Tel: (902) 368-5293
Attention: Melva O'Connor-Rafuse

Acute and long-term care facilities with a protocol

Hospital and Health Services Commission
P.O. Box 3000
Montague, Prince Edward Island
COA 1R0
Tel: (902) 838-4064
Attention: Faye Hayes

Wedgewood Manor
310 Brophy Street
Summerside, Prince Edward Island
C1N 4V6
Tel: (902) 436-4831
Attention: Dave Pilkington, Administrator

Law enforcement

Community Policing
RCMP
P.O. Box 1360
450 University Avenue
Charlottetown, Prince Edward Island
C1A 7N1
Tel: (902) 566-7144; Fax: (902) 566-7119
Attention: Sgt. L.W. Smith

Government of Prince Edward Island

Interministerial Committee on Family Violence
Department of Health and Social Services
P.O. Box 2000
Charlottetown, Prince Edward Island
C1A 7N8
Tel: (902) 368-4216
Attention: Mary MacKenzie

Community Care Facility and Nursing Program
Division of Aging and Extended Care
Department of Health and Social Services
P.O. Box 2000
Charlottetown, Prince Edward Island
C1A 7N8
Tel: (902) 368-4982
Attention: Margaret Newson

Adult Protection Act
Home Care and Support
Department of Health and Social Services
P.O. Box 38
Montague, Prince Edward Island
C0A 1R0
Tel: (902) 838-2772
Attention: Anna Nabuurs or Betty Fraser

Home Care and Support
Department of Health and Social Services
P.O. Box 8
O'Leary, Prince Edward Island
C0B 1V0
Tel: (902) 859-2400
Attention: John Martin

Victim Services Program
Community and Correctional Services Division
Prince Edward Island Department of Justice
P.O. Box 2000
Charlottetown, Prince Edward Island
C1A 7N8
Tel: (902) 368-4584; Fax: (902) 368-5544
Attention: Ellie Reddin, Co-ordinator

New Brunswick

Our mission is to concur on methods and strategies to deal with the issues and dimensions of domestic violence and to lobby national associations to develop concurrent strategies to deal with domestic violence. ... Member of the New Brunswick Gerontology Association, the New Brunswick Interdisciplinary Coalition on Domestic Violence

Overview

Eighty-two questionnaires were mailed to New Brunswick. A total of 12 responses were received, including seven completed questionnaires and five returns from groups with an interest but no program in place at the time.

All of the seven respondents that completed the questionnaire have a formal mandate to deal with elder abuse. All seven work in both English and French. Information is the most common service offered. Financial abuse was the most common type of abuse encountered; all respondents were able to identify the number of cases involving spousal abuse.

Community-based programs and services

Two provincial non-government groups responded. Both deal with elder abuse within a broad-based approach to family violence. The **New Brunswick Medical Society** is producing publications to educate New

Brunswick physicians about the indicators of woman, child and elder abuse. An article and a pamphlet on elder abuse were in the draft stage.

The **New Brunswick Interdisciplinary Coalition on Domestic Violence** is a planning coalition involving members from the New Brunswick Gerontology Association, New Brunswick Teachers' Association, Acadian Teachers' Association, Registered Nurses' Association, Municipal Chiefs of Police, RCMP, Council of Churches, Coalition of Transition Houses and Association of Social Workers. The coalition, which was formed in September 1990, has 17 individual members who seek to agree on methods and strategies for dealing with domestic violence and who lobby national associations to take action. Although the coalition has no specific protocol for elder abuse, it offers information and conducts public awareness activities about the problem.

Law enforcement

One response was received from **RCMP** headquarters. This office was involved in a program for seniors that included training sessions for police on crimes against older people, talks to service organizations and interviews with the media. Many of the abuses encountered by the RCMP involve abuse by a stranger, for example, theft or fraud. The office provides awareness about these types of abuse, but does not come into direct contact with seniors.

Government of New Brunswick

The **Department of Health and Community Services** offers services directed to elder abuse through the Office for Seniors and the Adult Protection Program.

The **Office for Seniors** provides policy development and program planning for all government services or programs affecting seniors. As part of its overall mandate, it provides information to the general public, including directing seniors and their caregivers to appropriate services.

The specific response to elder abuse is largely governed by legislation: the **Family Services Act (1981)** of New Brunswick. Operating under the authority of the Act, the **Adult Protection Program** provides for the protection of neglected or abused seniors and disabled persons through Protection Services or Protective Care.

Protective Services, which are delivered by social workers, include investigation, counselling, homemaking, respite care, meals on wheels and, in a small percentage of cases, temporary guardianship. Guardianship, which is granted by a court order, is sought only as a last resort. Consent from the senior is required to receive Protective Services.

Recent amendments to the Family Services Act provide designated staff with the authority to place an abused senior or neglected older person under the care of the Minister (Protective Care) for a period not exceeding five days. The authority to place an individual under Protective Care is restricted to situations where a social worker has reasonable doubt about the mental competency of that individual. Further, the legislation requires that the mental competency of persons placed under Protective Care be assessed by a physician within five days.

An **Interdepartmental Committee on Family Violence** was established by the Government of New Brunswick in 1987. This committee, which has representation from nine ministries, is mandated to monitor, recommend and coordinate government initiatives related to all forms of intrafamilial violence.

Contacts Having Formal Programs

Community-based programs and services

New Brunswick Medical Society
176 York Street
Fredericton, New Brunswick
E3B 3N8
Tel: (506) 458-8860; Fax: (506) 458-9853
Attention: Kathy Waugh

New Brunswick Interdisciplinary Coalition on Domestic Violence
523-100 Arden Street
Moncton, New Brunswick
E1C 6Z8
Tel: (506) 857-5452; Fax: (506) 857-5628
Attention: Dr. Warren Davidson

Law enforcement

Abuse of the Elderly
RCMP
P.O. Box 3900
Fredericton, New Brunswick
E3B 4Z8
Tel: (506) 452-3421; Fax: (506) 452-3696
Attention: Sgt. Mike Daniels

Government of New Brunswick

Office for Seniors
Department of Health and Community Services
P.O. Box 5100
Fredericton, New Brunswick
E3B 5G8
Attention: Norma J. Pickle, Director

Adult Protection Program
Department of Health and Community Services
P.O. Box 5100
Fredericton, New Brunswick
E3B 5G8
Tel: (506) 457-4917; Fax: (506) 453-2082
Attention: Joan Fenety

Community Services to the Elderly
Health and Community Services Department
120 Church Street
Edmunston, New Brunswick
E3V 3L3
Tel: (506) 735-2010; Fax: (506) 735-2093
Attention: Lyne Couturier

Interdepartmental Committee on Family Violence
Department of Health and Community Services
Family and Community Social Services Division
P.O. Box 5100
Fredericton, New Brunswick
E3B 5G8
Tel: (506) 453-3830
Attention: Mariette Connell

Quebec

Seniors today are lost in the crowd: they are numbers among countless other numbers, and they are more vulnerable than ever before. Unlike the old days when elders were revered, when their service and contribution to community development were valued, seniors today are shunted onto a siding and forgotten. They are made only too aware of their uselessness, their lives are robbed of all meaning. ... Translated from a talk given on January 24, 1991, by Charles Couture of "Tandem Montréal" to the first national conference on "Personnes âgées victimes de mauvais traitements et d'actes criminels"

When it comes to elder abuse, the grounds for intervention must be based on the nature of the problem, not number of incidents. Must we set a threshold beyond which intervention is justified? Is a single case of elder abuse not one too many? Just what is our tolerance level? ... "Vieillir ... en toute liberté", Quebec Department of Health and Social Services

Overview

In all, 398 questionnaires were mailed to Quebec. A total of 117 responses were received, including 27 completed questionnaires, 44 returns from groups with an interest but no program in place at the time and 11 from groups currently setting up a program.

Most of the 27 respondents reported that cases involving violence were treated individually, in the absence of an official program.

Most respondents (16) deal with elder abuse within an overall approach to family violence, without any formal procedure for intervention. Seventeen respondents work in interdisciplinary teams. Government sources provide most (92%) of the program funding.

Twenty-two respondents serve a community, municipality or region. Eight offer programs as part of the health and social services system.

Close to one half (14) of the respondents provide programs or services related to elder abuse. Some of these are regional intervention programs; others are public information and awareness programs. A little more than half the programs are non-governmental.

The remaining respondents are involved in palliative care or in law enforcement and legal services.

No questionnaires were returned by Native groups. Three were sent in by multicultural groups.

Community-based programs and services

The number of cases of elder abuse reported by the respondents representing the 17 programs offered by the social and community service network varies widely. One respondent reported 11 cases of violence against seniors in the preceding six months; three handled more than 20 cases, with one of these handling 30 and another 50. Seven respondents dealt with 1 to 5 cases over the preceding six months, and three others reported 5 to 10. The remaining three respondents reported no cases.

Although all forms of violence (financial exploitation, psychological abuse, physical harm and neglect) were reported, most cases of abuse entailed financial exploitation.

Only one respondent reported procedures or programs designed specifically to combat elder abuse.

Four respondents indicated current involvement in an evaluation process conducted jointly by a multidisciplinary team and the local community service centre (CLSC) in the region.

Échec à la violence faite aux aîné(e)s is a program sponsored by the **Fédération des clubs de l'âge d'or de l'Est du Québec**. The program, available only in French, serves residents of the Lower St. Lawrence, Gaspé and Îles-de-la-Madeleine regions. To help reach its stated objective of preventing and counteracting violence, the federation publishes a directory of resources and assistance available for seniors in the region. It also arranges training and education aimed at alleviating or eliminating all forms of violence against seniors (e.g., information sessions in the schools, workshops, training sessions).

The **Elder Abuse Project** sponsored by the **Notre-Dame-de-Grâce (Montreal) CLSC** is available in both English and French. The program attempts to identify cases of elder abuse in informal caregiving situations. Information is collected on caregivers for the purpose of screening victims and potential victims and abusers. The program also defines the resources needed to assist victims and abusers and to upgrade the effectiveness of home care staff when dealing with cases of elder abuse. The program works in conjunction with community organizations already involved in the issue and with others interested in working jointly with the CLSC on the project. In addition, a special team of a psychogeriatrician, a police officer, a lawyer and a bank director has been set up with a mandate to determine intervention strategy.

The **Jewish Family Services Social Services Centre** of the Baron de Hirsch Institute (CSSJF) has established a program for screening abused seniors and taking whatever action is required. Since 1990, a two-step procedure involving (1) screening and evaluation and (2) intervention has been used in cases of suspected abuse. After the screening, which is part of the initial interview with individual seniors, the specific risk factors that emerge are used to assign a code based on vulnerability to abuse. This ensures that high-risk individuals are evaluated promptly. Since cases of abuse and neglect are spread throughout the CSSJF service points, an advisory committee was struck to enable concerned service providers to develop and upgrade their expertise. A coordinator, who

acts as a consultant for the committee, manages a resource directory and a databank on related subjects.

The Montreal Seniors' Forum (**Forum des citoyen(ne)s âgé(e)s de Montréal**) administers a project entitled **Consultation, Information, Training**. The project has two phases. The first is a training program aimed at counteracting violence against and mistreatment of seniors. The second aims to increase awareness among those whose work brings them into contact with violence, and ultimately change their attitude. To keep seniors well informed, a directory of available services will be published and a communication network established.

Law enforcement

Although law enforcement agencies and legal services are poorly represented among respondents, their intervention is well coordinated.

The Montreal **Community Relations Section** of the **Sûreté du Québec** manages the **Vieillir sans violence** (*Aging without Violence)* program, with the primary aim of counteracting violence against retired persons and seniors. A secondary aim is to increase awareness among retired persons, seniors, intervenors and the general population with a view to breaking the silence and moving ahead to concrete action. The program acts to support, accompany and protect vulnerable individuals, screen victims and place responsibility upon the abusers.

As part of the program, information sessions on the subject of violence are given in both English and French, based on a video entitled *Calling a Halt* (*S'en sortir*) which describes violence and suggests courses of action. An activity guide to complement the video will soon be available in both official languages. The program pamphlet is trilingual (French, English, Spanish).

Another video is available free in both French (*Les risques de l'âge*) and English (*Imagine the Worst*).

In October 1990, the program organized a workshop on the theme *Vieillir sans violence*. The workshop report is available in French and was expected to be published in English by December of 1991.

The program is currently setting up **groupes d'intervention dans les cas de violence exercée auprès des aîné-es et des retraité-es**, commonly known as GIVARs (elder abuse intervention groups). It is hoped that this will lead to the creation of concrete intervention models.

Government of Quebec

The Quebec **Ministry of Health and Social Services** (Ministère de la Santé et des Services sociaux) has established a committee on elder abuse. The committee report, entitled *Growing old... and remaining free* (*Vieillir en toute liberté*), lists available resources and makes a series of recommendations. The program currently being prepared by the government is based on a committee recommendation. It is designed to heighten public awareness of the problem and focuses on consultation and cooperation. It should be completed in 1992.

Contacts Having Formal Programs

Community-based programs and services

Fédération des clubs de l'âge d'or de l'Est du Québec
207-148 Belzile Avenue
Rimouski, Quebec
G5L 3E4
Tel: (418) 772-6066
Attention: Dominique Plante

CLSC - Notre-Dame-de-Grâce
110-2525 Cavendish Boulevard
Montreal, Quebec
H4B 2Y4
Tel: (514) 485-1670
Attention: Roz Shrier

Jewish Family Services Social Services Centre
5250 Decarie Boulevard, 3rd Floor
Montreal, Quebec
H3X 2H9
Tel: (514) 485-1112
Attention: Joelle Khalfa-Busbib

Forum des citoyen(ne)s âgé(e)s de Montréal, inc.
1030 St. Alexandre Street, 9th Floor
Montreal, Quebec
H2Z 1P3
Tel: (514) 937-7401

Association des retraités de l'enseignement du Québec
1170 Lebourgneuf Boulevard
Quebec, Quebec
G2K 1G1
Tel: (418) 627-8888; Fax: (418) 627-9999
Attention: Francine Gagnon

Association internationale francophone des aînés
1474 Fleury Street East
Montreal, Quebec
H2C 1S1
Tel: (514) 383-6019
Attention: Raymonde Desroches

Centre de ressources pour les aîné(e)s du YMCA de Québec
Info violence-aîné
835 St. Cyrille Boulevard West
Quebec, Quebec
G1S 1T4
Tel: (418) 682-2463; Fax: (418) 527-9676
Attention: Odile Barbeau, Co-ordinator

Service bénévole 3e âge
108-374 Notre-Dame Street
Repentigny, Quebec
J6A 2S5
Tel: (514) 582-4492
Attention: Carmelle Larivière

Service aux aîné(e)s de Sillery
1229 Chanoine Morel Avenue
Sillery, Quebec
G1S 4B1
Tel: (418) 263-2463; Fax: (418) 527-8306
Attention: Martine Rouleau

Conseil de l'âge d'or de la Mauricie
1680 Chenaux Boulevard
Trois-Rivières, Quebec
G8Z 1T1
Tel: (819) 374-5774; Fax: (819) 374-5774
Attention: Dr. Jos Roger Garceau

Conseil régional de l'âge d'or Montréal, Lac St-Louis
1432 Poirier Street
St. Laurent, Quebec
H4L 1H3
Tel: (514) 744-4909
Attention: Denis Decleus

Centre d'aide aux victimes d'actes criminels (CAVAC)
100-121 Racine Street East
Chicoutimi, Quebec
G7H 1R5
Tel: (418) 543-9695
Attention: Marthe Vaillancourt

DSC: Saint-Jérôme et le CLSC Arthur-Buies
250-1000 Labelle Street
Saint Jérôme, Quebec
J7Z 5N6
Tel: (514) 436-5669; Fax: (514) 436-1761
Attention: Guy Robidas

Law enforcement

Sûreté du Québec
Community Relations
1701 Parthenais Street
Montreal, Quebec
Tel: (514) 598-4083; Fax: (514) 598-4230
Attention: Sgt. Michel Couture

Government of Quebec

Direction des programmes de la communauté/famille/jeunesse
Ministère de la Santé et des Services sociaux
1075 Ste. Foy Road
Quebec, Quebec
G1S 2M1
Tel: (418) 643-6658; Fax: (418) 644-2009
Attention: Louise Marcotte

Programme de soutien à l'intervention auprès des
personnes âgées en perte d'autonomie
Ministère de la Santé et des Services sociaux
Direction des services de longue durée
1075 Ste. Foy Road, 4th Floor
Quebec, Quebec
G1S 2M1
Tel: (418) 643-6176; Fax: (418) 643-5193
Attention: Claire Milette

Ontario

It seems the major hurdle to be overcome is the individual's need to save face. Counselling is a scary word, particularly for the older generation. Most of them tend to keep a stiff upper lip and stay quiet rather then risk being seen as incompetent. ... Hamilton-Wentworth Peer Counselling for Seniors

Abuse is sometimes identified as an added problem for people with dementia, usually in the form of neglect or financial abuse. Sometimes individuals do not have relatives to care for them; at other times caregivers are equally confused. ... Hamilton Psychiatric Hospital

The reality remains that police officers are the only fully mobile, 24-hour social service available in the community. For families and individuals in crisis, it is often the police officer who is first at the door to offer help and assistance. ... Family consultant service of the London Police Force

Overview

Seven hundred questionnaires were mailed to Ontario. This large number arose partly from the fact that the provincial government was able to share mailing lists from its own survey and partly because a large proportion of participants at the First National Conference on Elder Abuse and Crime (held in Toronto in January 1991) was from Ontario.

In all, 228 responses were received from Ontario, including 91 completed questionnaires, 111 groups with an interest but no programs in place at the time and 26 groups with no interest at the time.

Fifty-four of the 91 respondents that completed the questionnaire identified themselves as governmental; 29 were non-governmental and eight were in the "other" category. The majority (81) served a community, municipality or region.

Fifty-two respondents served all ages; 39 served seniors only.

While referrals, public awareness and information were the most frequent activities offered, 30 respondents are also involved in interagency coordination. This was reflected in the large number of community committees or task forces on elder abuse and the tendency for pockets across the province to report a coordinated response among institutions, the police, health and social services, and community groups.

Fifty-nine respondents deal with elder abuse as part of a broader-based approach to family violence.

The majority of programs (59 of 91) stated that they have no official mandate to deal with elder abuse. Only those reporting that elder abuse is an official part of their program are included in the list of contacts at the end of this chapter. Seventy-six respondents who completed the questionnaire did not have formal guidelines or a protocol for dealing with elder abuse.

In Ontario, 56 percent of responding programs operate in English only; 26 percent operate in English and French; 11 percent also provide services in other languages.

Home care and the police were consistently the most likely to encounter elder abuse; groups dealing specifically with seniors reported the largest number of cases.

Community-based programs and services

Ten communities described voluntary committee structures that focus mainly on education and public awareness of the issue of elder abuse.

These committees are interdisciplinary and usually include representatives from local hospitals, social services, housing authority, crisis shelters for women, police, legal assistance, public health, voluntary health and seniors groups. Most involve seniors themselves in the development or implementation of initiatives. Three had encountered 1 to 5 cases in the past six months; three others had encountered 6 to 10 cases; the remaining four had encountered 11 to 20 cases. All are involved in advocacy, educating the public about the issue and service coordination. Most have constitutions and protocols for dealing with abuse; some have produced pamphlets. Other activities include research, training for professionals and referral of individual cases.

Selected examples of the committees are described below; all are listed under the Contacts section at the end of this chapter.

Since 1989, the **Sudbury Elder Abuse Committee** has sponsored a monthly column in a local seniors publication, spoken to service clubs and seniors groups, appeared on numerous television and radio talk shows, published a pamphlet on elder abuse, provided educational seminars to professionals and hosted a conference and public forum on the topic of financial abuse. The committee was presented with a Solicitor General of Canada Crime Prevention Award in 1990 and a Solicitor General Award for Ontario in 1991. Samples of their constitution and pamphlet, *We are all at risk/Mauvais traitements à l'égard des personnes âgées: tous à risque,* are available.

The **Council on Aging of Ottawa-Carleton** has had an Interdisciplinary Committee on elder abuse since 1986 and has shared its expertise and experience with numerous other communities. The committee began its work with a community-wide survey on elder abuse. With funding support from the Seniors Independence Program (SIP) of Health and Welfare Canada, the committee set up a regional forum which further

enhanced awareness and provided educational activities. Those activities culminated in the development and printing of an educational handbook, *Enhancing Awareness of Elder Abuse: Three Educational Models.*

Since 1989, the council has been working in collaboration with key service provider agencies in the community to implement services for victims of abuse. The areas for which services are being developed pertain to emergency accommodation, legal services, advocacy in matters of legislation and police training, and the development of a three-tier case management model that includes screening and assessment instruments and training for service providers in clinical intervention in cases of elder abuse. A protocol titled *Decision Making Model for Assessing and Intervening in Cases of Elder Abuse and Neglect* was published in 1990.

The **Toronto Mayor's Committee on Aging, Subcommittee on Crimes and Abuse**, was established in 1984 (with SIP funding) to heighten awareness of the issue in the city. Since 1984, the subcommittee has produced pamphlets, fact sheets, posters and a video on elder abuse which have been distributed throughout Ontario and other parts of Canada. The pamphlets have since been updated and translated into French, Chinese, Italian and Portuguese.

The subcommittee sponsors public forums, provides speakers for professional and community groups and acts as a clearinghouse for information. It held two major conferences on elder abuse in 1986 and 1988; in 1989 it sponsored a forum specifically for the multicultural community.

Seniors serve as members of the Subcommittee on Crimes and Abuse both as professionals and as consumers. The membership is representative of the community at large and involves lay and professional individuals.

In February 1991, a local voluntary organization, the **Toronto Network for the Prevention of Elder Abuse**, was formed and is developing future plans.

The **Committee on Abuse and Neglect of the Elderly**, at the **London Battered Women's Advocacy Clinic Inc.**, is developing a contact form to identify cases of abuse for use by health care professionals, counsellors and police. The project is funded by SIP.

A Healthy Elderly initiative is now included in the mandatory program guidelines for public health in Ontario. Consequently, all of the 19 health units that responded are dealing with elder abuse as part of their program. Only four have an intervention protocol; several include information about abuse in their ongoing educational presentations to seniors. The **Algoma Health Unit** in Sault Ste. Marie was in the process of developing a policy on elder abuse.

Action Against Elder Abuse, the Awareness Project on Abuse of the Elderly at the **Bernard Betel Centre for Creative Living** (funded by SIP) provides information, education on elder abuse and referrals when cases are encountered. They have published a brochure, *Let's Break the Silence,* and a resource list for Toronto, *Where to get help,* which is available upon request. They provide public speakers to talk on elder abuse and sponsor forums on elder abuse and related issues for professionals and seniors at the centre.

Three senior peer counselling groups responded. The **Seniors' Help Line** in Burlington is responding to elder abuse through telephone help-lines, mutual aid groups, advocacy activities and participation in local committees on elder abuse.

The **Metropolitan Toronto Chapter, Canadian Pensioners Concerned**, sponsored six two-hour workshops titled "What's going on here?" to raise public awareness and provide information on available services. Funded by the New Horizons Program, the workshops attracted seniors and service providers and provided a forum for the two groups to interact.

Concerned Friends of Ontario Citizens in Care Facilities is a volunteer consumer organization dedicated to improving the quality of care in long-term facilities. Three volunteer staff received over 700 calls in 1990 about various complaints, including neglect and abuse. They

provide support, information and referrals in abuse cases and work with other coalitions to encourage self-advocacy for seniors. Copies of their complaint mechanism brochure and report are available on request.

With SIP funding, the **Polish Canadian Community Services** is assessing the needs of Metro Toronto's Polish-Canadian seniors, emphasizing isolated and abused seniors. Senior volunteers accompany the project's research staff for interviews with seniors. The long-term aim is to encourage the formation of self-help groups in the city's Polish-Canadian community.

Four community health centres responded, two with elder abuse as an official part of their program. **South Riverdale Community Health Centre** in Toronto and **Centretown Community Health Centre** in Ottawa are dealing with elder abuse through referrals and counselling in their health promotion programs for seniors. Both are in the process of developing a protocol.

Four community senior support services are dealing with elder abuse on a case-by-case basis through counselling, family therapy, referrals and group support when appropriate. All services work in an interdisciplinary manner with the police and legal agencies.

Two alcohol abuse programs responded. They were dealing with elder abuse as part of a broad-based approach to dealing with family violence and alcoholism.

Four ethnocultural centres reported dealing with elder abuse on an ad hoc basis as part of their assistance to immigrants adjusting to a new life in Canada. In cases of abuse, they offer interpretation, support, referral and escort to the appropriate services.

All of the five home care programs that responded are dealing with elder abuse on a case-by-case basis. None has a formal protocol although several are developing one. Two of the programs participate on community elder abuse committees.

Five shelters for abused women responded; three reported 1 to 5 cases of elder abuse in the last six months, one reported 6 to 10 cases and one reported none. All provide shelter and support to women of all ages. There are no special initiatives for senior women.

Three community psychogeriatic services (Lambton Services in Sarnia, Community Psychiatric Services for the Elderly Sunnybrook Health Science Centre in Toronto and Tri-County Mental Health Services in Cornwall) indicated that abuse is fairly often encountered in their work. While they are not identified as services to deal specifically with elder abuse, they do offer consultation to other community agencies and therapeutic support to older adults, their families and their caregivers. For example, the **Community Psychogeriatric Service, Tri-County Mental Health Services**, facilitated the development of an Elder Abuse Task Force in Cornwall in 1989 as a working subgroup of the Stormont, Dundas and Glengarry Family Violence Coordinating Committee.

The **Victorian Order of Nurses** (VON) and **St. Elizabeth Visiting Nurses of Ontario** (SEVNA) both use a formal protocol for cases of elder abuse. SEVNA has a clinical nurse specialist who has been involved in elder abuse issues for seven years. SEVNA developed its own model for intervention in 1988. Primary care and a therapeutic, rather than punitive, approach are stressed. Copies of the SEVNA model and VON protocol are available on request.

Community Occupational Therapy Associates (COTA), a community-based agency that provides occupational therapy and other services for people in the Metropolitan Toronto region, has a protocol for use when elder abuse is encountered. Support is offered and a lawyer is contacted if deemed necessary. In addition to direct service, COTA therapists provide educational presentations on elder abuse.

The **Ontario Association of Professional Social Workers** is producing (with SIP funding) a handbook on elder abuse. The handbook includes the definitions and indications of abuse, effective techniques for intervening in a variety of situations, community resources and protocols for practitioners.

Acute and long-term care institutions

Ten of the 11 institutions that completed questionnaires have a protocol or policy for dealing with elder abuse. In most cases, responsibility for addressing the issue rests with the social work department, whose staff work in an interdisciplinary manner. In-service training is provided to staff to increase awareness about the abuse of older people.

Two of the respondents also provide community awareness and education. The Discharge Planning Department of **St. Catharines General Hospital** uses a program (video and notes) developed by the American Association of Retired Persons. **St. Vincent Hospital** in Ottawa has an Elder Abuse Committee that shares knowledge about the issue with other professionals and the larger community. They have also developed a protocol for assessing the inadequate care of older persons living at home or returning home after hospitalization. In addition to an outreach education program on elder abuse, **Cambridge Memorial Hospital** in Cambridge also has a committee on elder abuse that oversees a hospital protocol, provides staff training and acts as a resource to staff, physicians and the community.

Law enforcement

Five police forces and four victim assistance units responded. Most are responsive to the needs of senior victims but only a few have special programs in place. For example, the **Seniors Awareness Program, Halton Regional Police**, presents seminars on abuse to seniors twice a year. It also receives referrals. The Seniors Coordinator (a nurse specialist in gerontology) then contacts the victim and makes a home visit. Following the assessment, the proper assistance is put in place.

The **Metropolitan Toronto Police Force** has an Elder Abuse Coordinator who is responsible for gathering statistics on elder abuse and developing strategies for prevention and intervention. Police guidelines and training are being developed and implemented, and a public education pamphlet is being developed. The coordinator acts as a

resource and spokesperson for the force and participates in several interdisciplinary committees.

The **Family Consultant Service, London Police Force**, provides a different approach, dealing with elder abuse through a team consisting of a police officer and a specially trained consultant who visit troubled homes together. Begun in the early 1970s, this approach has demonstrated the value of effective community interventions at the point of crisis in cases of family violence. The program has been written up as a model of police family crisis intervention.

Legal sector

Flemington Community Legal Services in Don Mills is an example of how community legal clinics provide advice and referrals to seniors as part of their overall program. They have also spoken on elder abuse at a number of community workshops.

The **Abuse Project** at the **Advocacy Centre for the Handicapped** in Toronto specializes in legal issues affecting disabled persons. They reported that about 30 percent of their contacts relate to abuse; however, it is not known how many of these calls relate specifically to seniors.

The **Advocacy Centre for the Elderly** (ACE) is a legal aid clinic funded by the Ontario Legal Aid Plan to provide legal services to low-income seniors, 60 years of age or older, in Metropolitan Toronto. In the area of elder abuse, ACE provides direct client services, as well as education programs to seniors, the police, long-term care institution staff, nurses and social workers. ACE has a provincial jurisdiction for education and law reform. Resources include a pamphlet, *Elder Abuse: The Hidden Crime*, and a resource booklet, *Elder Abuse: the Hidden Crime*, for seniors and the general community.

Government of Ontario

The Ontario **Office for Seniors' Issues** has just published *A Review of Community Program Responses to Elder Abuse in Ontario*. This is a comprehensive review, carried out over an 18-month period, which involved the use of focus groups, interviews, 871 questionnaires (with a 78% response rate), a review of other jurisdictions and site visits to five Ontario communities. Copies of this review are available from the Office for Seniors' Issues.

Contacts Having Formal Programs

Community-based programs and services

Communities with an elder abuse committee

Sudbury Elder Abuse Committee
c/o Sudbury District Health Unit
1300 Paris Crescent
Sudbury, Ontario
P3E 3A3
Tel: (705) 522-9200; Fax: (705) 522-5182
Attention: Sheila Poirier or Irene Caufield-Cook

Implementation Task Force on Elder Abuse
Council on Aging of Ottawa-Carleton
256 King Edward Avenue
2nd Floor
Ottawa, Ontario
K1N 7M1
Tel: (613) 232-3577; Fax: (613) 232-6680
Attention: Claudette Légaré

Toronto Mayor's Committee on Aging
Subcommittee on Crimes and Abuse
Department of the City Clerk
City Hall
Toronto, Ontario
M5H 2N2
Tel: (416) 392-0127

Toronto Network for the Prevention of Elder Abuse
c/o Ryerson Polytechnical Institute
School of Nursing
350 Victoria Street
Toronto, Ontario
M5B 2K3
Tel: (416) 979-5000, Ext. 6307
Attention: Elizabeth Podnieks

Committee on Abuse and Neglect of the Elderly
London Battered Women's Advocacy Clinic Inc.
81 Ridout Street South
London, Ontario
N5C 3X2
Tel: (519) 432-2204; Fax: (519) 679-3918
Attention: Julie Lee, Director

Committee on Abuse and Neglect of the Elderly
P.O. Box 339
London, Ontario
N6A 4W1
Tel: (519) 438-6185
Attention: Jan Devereux, Chairperson

The Council on Aging of Essex County
2090 Wyandotte Street East
3rd Floor
Windsor, Ontario
N8Y 1E6
Tel: (519) 971-9217; Fax: (519) 971-8789
Attention: Deana Johnson

Elder Abuse Committee
South Essex Community Council
Box 517
18 Selkirk Avenue
Leamington, Ontario
N8H 3W5
Tel: (519) 326-8629; Fax: (519) 326-1529
Attention: Posie Poushinksy

Community Elder Abuse Resource Committee
Lambton Elderly Outreach
160 Exmouth Street
Point Edward, Ontario
N7T 7Z6
Tel: (519) 383-8331; Fax: (519) 383-7092
Attention: Iris Murtha

Elder Abuse Resource Committee
Lambton Elderly Outreach
396 Station Street
P.O. Box 1259
Petrolia, Ontario
N0N 1R0
Tel: (519) 882-1068; Fax: (519) 882-3802
Attention: Ann Marie Wilson

Grey-Bruce Family Violence Group
Centre Grey General Hospital
55 Isla Street
Markdale, Ontario
N0C 1H0
Tel: (519) 986-3040
Attention: Karen Allen

Elder Abuse Public Education Project
Elder Abuse Sub-Committee of Kent County Task Force
on Family Violence
P.O. Box 1423
Chatham, Ontario
N7M 5W8
Tel: (519) 351-9144
Attention: Beulah Stennett

Health units with specific initiatives on elder abuse

Healthy Elderly Program
Algoma Health Unit
6th Floor, Civic Centre
99 Foster Drive
Sault Ste. Marie, Ontario
P6A 5X6
Telephone: (705) 759-5287; Fax: (705) 759-1534
Attention: Raija Gordon, Public Health Nurse

Healthy Elderly Program
Bruce-Grey-Owen Sound Health Unit
920-1st Avenue West
Owen Sound, Ontario
N4K 4K5
Tel: (519) 376-9420
Attention: Susan Askin

Healthy Elderly Program
Sudbury and District Health Unit
1300 Paris Crescent
Sudbury, Ontario
P3E 3A3
Tel: (705) 522-9200; Fax: (705) 522-5182
Attention: Sheila Poirier

Healthy Elderly Program
Elgin St. Thomas Health Unit
99 Edward Street
St. Thomas, Ontario
N5P 1Y8
Tel: (519) 531-9900; Fax: (519) 633-0468
Attention: Mary Kilbourne

Senior Adult Program
Ottawa-Carleton Health Department
495 Richmond Road
Ottawa, Ontario
K2A 4A4
Tel: (613) 722-2242; Fax: (613) 724-4191
Attention: Mary McNamara

Adult Health Program
Niagara Regional Health Services Department
573 Glenridge Avenue
Box 3040
St. Catharines, Ontario
L2R 7E3
Tel: (416) 688-3762; Fax: (416) 682-3901
Attention: Laurie Columbus

City of Toronto Department of Public Health
100 Queen Street West
7th Floor, East Tower
New City Hall
Toronto, Ontario
M5H 2N2
Tel: (416) 392-7451; Fax: (416) 392-0713
Attention: Sherry Barton

Healthy Elderly Program
East York Health Unit
850 Coxwell Avenue
East York, Ontario
M4C 5R1
Tel: (416) 461-8136; Fax: (416) 461-8564
Attention: Lorraine Telford

Seniors Program Nursing Division
Regional Municipality of Hamilton-Wentworth
25 Main Street West
4th Floor
Hamilton, Ontario
L8N 3Z5
Tel: (416) 546-3531; Fax: (416) 528-8773
Attention: Margaret Black

Other community-based programs and services

Awareness Project on Abuse of the Elderly
Bernard Betel Centre for Creative Living
1003 Steeles Avenue West
Toronto, Ontario
M2R 3T6
Tel: (416) 225-2112; Fax: (416) 225-2097
Attention: Sheila Zane

The Seniors Help Line
Burlington Action for Seniors Committee
2289 Fairview Street, Unit 108
Burlington, Ontario
L7R 3X4
Tel: (416) 333-5575
Attention: Cathie Bennett

What's Going on Here? Abuse of the Elderly
Metropolitan Toronto Chapter
Canadian Pensioners Concerned
51 Bond Street
Toronto, Ontario
M5B 1X1
Tel: (416) 368-5222
Attention: Amy Thompson, President

Concerned Friends of Ontario Citizens in Care Facilities
P.O. Box 1054, Station Q
Toronto, Ontario
M4T 2P2
Tel: (416) 489-4193

We are Seniors
Polish Canadian Community Services
2333 Dundas Street West, Suite 408
Toronto, Ontario
M6R 3A6
Tel: (416) 533-9471

Case Management Program
South Riverdale Community Health Centre
1091 Queen Street East
Toronto, Ontario
M4M 1K7
Tel: (416) 469-3917; Fax: (416) 461-8245
Attention: Gina Jones

SHIPS
Centretown Community Health Centre
340 McLaren Street
Ottawa, Ontario
K2P 0M6
Tel: (613) 563-4771; Fax: (613) 563-0163
Attention: Dr. Pat Huston

Community Psychogeriatric Service
Tri-County Mental Health Services
132-2nd Street East, Suite 104
Cornwall, Ontario
K6H 1Y4
Tel: (613) 932-9940; Fax: (613) 932-9945
Attention: Deborah Burne, Chair, Elder Abuse Task Force

Victorian Order of Nurses
Visiting Nursing Program
Hamilton-Wentworth Branch
414 Victoria Avenue North
Hamilton, Ontario
L8L 5G8
Tel: (416) 529-0700; Fax: (416) 528-4113
Attention: Janis North

St. Elizabeth Visiting Nurses of Ontario
10 Gateway Boulevard, Unit 650
Don Mills, Ontario
M3C 3A1
Tel: (416) 429-0112; Fax: (416) 429-2822
Attention: Daila Smelters

Community Occupational Therapy Associates (COTA)
3101 Bathurst Street
Suite 200
Toronto, Ontario
M2A 2A6
Tel: (416) 785-8797
Attention: Linda Marshall

Handbook on Elder Abuse
Ontario Association of Professional Social Workers
410 Jarvis Street
Toronto, Ontario
M4Y 1G6
Tel: (416) 923-4848

Acute and long-term care institutions (with a protocol or policy on elder abuse)

Glen Stor Dun Lodge
1900 Montreal Road
P.O. Box 373
Cornwall, Ontario
K6H 5T1
Tel: (613) 933-3384; Fax: (613) 936-2913
Attention: Diane Dumoulin

Carleton Lodge
R.R. #2
Nepean, Ontario
K2C 3H1
Tel: (613) 825-3763
Contact: Jeanne Martin, Staff Development Co-ordinator

Thunder Bay Homes for the Aged
200 North Lillie Street
Thunder Bay, Ontario
P7C 5Y2
Tel: (807) 625-2436; Fax: (807) 623-4075
Attention: Nancy L. Kantola

Department of Social Work
St. Joseph's Hospital
50 Charlton Avenue East
Hamilton, Ontario
L8N 4A6
Attention: Jane Anderson

The Perley Hospital
43 Aylmer Avenue
Ottawa, Ontario
K1S 4R5
Tel: (613) 236-7171; Fax: (613) 236-8040
Attention: Tim Hutchinson

The Salvation Army Toronto Grace Hospital
650 Church Street
Toronto, Ontario
M4Y 2G5
Tel: (416) 925-2251; Fax: (416) 925-3211
Attention: Major S.H. Brinton

The Salvation Army A.R. Goudie Eventide Home
369 Frederick Street
Kitchener, Ontario
N2H 2P0
Attention: Major A.E. Hiscock

Hospital providing public awareness and education

The St. Catharines General Hospital
142 Queenston Street
St. Catharines, Ontario
L2R 7C6
Tel: (416) 684-7271; Fax: (416) 684-2603
Attention: Corinne Darby

Hospitals with an elder abuse committee and protocol, also providing community education

Elder Abuse Committee
St. Vincent's Hospital
60 Cambridge Street
Ottawa, Ontario
K1R 7A5
Tel: (613) 233-4041
Attention: Beverly Hynes

Cambridge Memorial Hospital
700 Coronation Boulevard
Cambridge, Ontario
N1R 3G2
Tel: (519) 621-2330; Fax: (519) 621-1625
Attention: Alice E. Reynolds, Nursing Director

Psychiatric hospital offering geriatic services for people with dementia, including dealing with abuse

Geriatric Psychiatry
Hamilton Psychiatric Hospital
P.O. Box 585
Hamilton, Ontario
L8N 3K7
Tel: (416) 388-2511; Fax: (416) 389-5527
Attention: Gabriela Luchsinger

Law enforcement with a specific program

Seniors Awareness Program
Victim Services Unit
Halton Regional Police
440 Locust Street
Burlington, Ontario
L7S 1T7
Tel: (416) 634-6161
Attention: Linda Ellison

Elder Abuse Coordinator
Metropolitan Toronto Police Force
40 College Street West
Toronto, Ontario
M5G 2J3
Tel: (416) 324-6169; Fax: (416) 324-6061
Contact: Sgt. Frank Ruffolo

Family Consultant Service
London Police Force
P.O. Box 3415
London, Ontario
N6A 4K9
Tel: (519) 661-5636; Fax: (519) 645-1908
Attention: Rosemary Broemling

Legal sector

Flemington Community Legal Services
10 Gateway Boulevard, Suite 350
Don Mills, Ontario
M3C 3A1
Tel: (416) 424-1965; Fax: (416) 424-4204
Attention: Marjorie Hiley

Abuse Project
Advocacy Resource Centre for the Handicapped
40 Orchard View Boulevard, Unit 255
Toronto, Ontario
M4R 1B9
Attention: Cathy McPherson

Advocacy Centre for the Elderly
120 Eglinton Avenue East
Suite 902
Toronto, Ontario
M4P 1E1
Tel: (416) 487-7157; Fax: (416) 487-1342
Attention: Judith Wahl

Government of Ontario

Office for Seniors' Issues
76 College Street
6th Floor
Toronto, Ontario
M7A 1N3
Tel: (416) 327-2422; Toll free line: 1-800-267-7329

Manitoba

There is a proliferation of material indicating that women are most often the targets of elder abuse and the husband is most often the perpetrator (Giordano and Giordano, 1983). ... Abuse of Elderly Women, Senior Women Against Abuse Collective

Overview

One hundred and four questionnaires were mailed to Manitoba. A total of 44 responses were received, including 21 completed questionnaires, 13 groups with an interest but no formal program in place at the time and five groups with no interest at the time.

Among the 21 respondents who completed the questionnaire, 12 said that they were governmental, eight were non-governmental organizations and one came from the "other" category. Seven were serving the province as a whole; 14 worked at the community level. Most responses came from the health and social service sector; however, questionnaires were received from all sectors.

Public awareness and information were the most likely activities offered; however, 10 of the respondents are also providing assessment and nine are involved in interdisciplinary coordination.

Eight of the respondents have an official mandate to deal with elder abuse; 13 are dealing with cases as they arise.

There were few returns from Native and multicultural communities. Three programs are offered in English and French; two programs work in Native languages.

The Centre on Aging, a research centre at the **University of Manitoba**, was collecting data on elder abuse and mechanisms for dealing with it that are currently in place in the community. The centre will analyse the data, which will be collected over two years, and will write a report on the findings.

Community-based programs and services

The three home care groups that responded tend to deal with elder abuse in a broad-based approach to helping seniors live independently. They do not have a formal protocol for dealing with the issue.

The **Psychogeriatric Assessment Team**, **Manitoba Mental Health Services**, in Portage La Prairie, provides counselling in cases of abuse as part of its general assessment of seniors' cognitive and psychiatric abilities. The team may initiate legal action if desired. It had encountered 11 to 20 cases of known or suspected abuse in the past six months.

The **Health Action Centre**, a community health clinic, addresses elder abuse in its broad range of services, which include referrals, advocacy and seniors health services.

Age and Opportunity is a non-profit community service organization providing services to seniors in the city of Winnipeg. It provides counselling, information and referrals, friendly visiting, an Elder Abuse Resource Centre and Older Victims Services. The **Elder Abuse Resource Centre** was created with funding from the Seniors Independence Program (SIP) of Health and Welfare Canada, the province, the Winnipeg Foundation and the Thomas Sill Foundation to respond to the needs of seniors who are victims of, or at risk of, abuse. Its purpose is to focus and coordinate existing community services to provide a network of resources to victims of elder abuse and their families.

Services include information and referral, counselling, consultation, assessment and case conferencing. The centre also holds public awareness presentations and professional training in Winnipeg and rural areas. There is a resource library; resources on elder abuse include a brochure, a training manual and an "Aging Victimization and Abuse Game" (for purchase). The centre has four full-time staff and a number of volunteers.

The **Senior Women Against Abuse Collective**, which includes representatives from the Women's Resource Centre at the YM-YWCA, Creative Retirement Manitoba and the Manitoba Action Committee on the Status of Women, was formed to study the issue of abuse against elderly women. With funding from the Secretary of State, the collective undertook a research project in the summer of 1989, and is planning to use the resulting report as an educational tool to increase awareness of violence against elderly women. Sample copies of a brochure, *Elder Women Speak Out on Abuse,* and a booklet, *Abuse of Elderly Women,* are available if postage is paid.

One shelter for abused women responded. They had encountered four cases of elder abuse in the past six months.

The Older Adult section of the **Jewish Child and Family Services**, Winnipeg, provides a variety of services for seniors and has established interagency links to deal with elder abuse in the Jewish community.

Acute and long-term care facilities

Two hospitals handle elder abuse as part of a broader-based approach to treatment. The **Elders Health Program**, **St. Boniface General Hospital**, had not identified any cases of elder abuse in the past six months; the **Psychogeriatric Program** at **Seven Oaks General Hospital** had encountered 6 to 10 cases in its inpatient and day hospital services for seniors.

Law enforcement

The law enforcement respondents tended to deal with elder abuse as part of a broader-based approach to victim services. The **RCMP Division** in Winnipeg has both a proactive and a reactive approach. In the latter instance it takes offenders to court. The division also offers presentations on elder abuse by request and is currently developing a victim assistance program for Manitoba. In addition, they have prepared a presentation called *Victimization of the Elderly* that includes videotapes and overheads on how to avoid becoming a victim of crime.

Legal sector

The **Family Violence Court of Winnipeg, Department of Justice**, specializes in matters of family violence. It allows judges and Crown attorneys to concentrate their efforts on special issues such as spousal violence and violence against children and seniors. Regular consultation between victim services organizations in Winnipeg and committee members from the provincial court, Manitoba Justice, Manitoba Family Services and the Women's Directorate are held. In the past six months, the court had encountered 1 to 5 cases of elder abuse.

The **Family Violence (Prosecution) Unit, Department of Justice**, is a provincial government program that provides specialized Crown attorneys and judges on various aspects of family violence. It deals with elder abuse as part of this larger mandate.

Government of Manitoba

The **Manitoba Seniors Directorate** acts as a liaison with seniors organizations and government departments to ensure that government programs, policies and legislation enhance the status of seniors in Manitoba. In 1989, the government released a *Discussion Paper on Elder Abuse*. Subsequent to that, the staff of the Directorate held 63 separate meetings with seniors, service providers and the public to receive information and suggestions on dealing with elder abuse in Manitoba.

The Seniors Directorate is in the process of developing three informational brochures and a video dealing with various types of financial abuse.

The **Personal Care Home Program**, **Manitoba Health Services Division**, which is responsible for funding and standards in personal care homes, has developed protocols for handling incidents of alleged abuse to patients and residents, as well as handling incidents of staff abuse.

Family Dispute Services, a branch of the **Department of Family Services**, is responsible for standards and funding to community-based agencies providing wife abuse services and women's resource services. The branch funds the Age and Opportunity Elder Abuse Resource Centre three-year pilot project in conjunction with Health and Welfare Canada and a number of benevolent associations.

Contacts Having Formal Programs

Community-based programs and services

Psychogeriatric Assessment Team
Manitoba Mental Health Services
25 Tupper Street North
Portage La Prairie, Manitoba
R1N 3K1
Tel: (204) 239-3133; Fax: (204) 239-3148
Attention: Steve Todd

Health Action Centre
425 Elgin Avenue
Winnipeg, Manitoba
R3A 1P2
Tel: (204) 947-1626
Attention: Jeanette Edwards

Elder Abuse Resource Centre, Age and Opportunity
309-323 Portage Avenue
Winnipeg, Manitoba
R3C 2B1
Tel: (204) 942-6235; Fax: (204) 947-5178
Attention: Penny Yellen

Senior Women Against Abuse Collective
YM-YWCA Women's Resource Centre
100-290 Vaughan Street
Winnipeg, Manitoba
R3B 2N8
Tel: (204) 943-0381; Fax: (204) 947-0787
Attention: Babs Friesen

Older Adult Services
Jewish Child and Family Services
2055 McPhillips Street
Winnipeg, Manitoba
R2V 3C6
Tel: (204) 338-0358; Fax: (204) 338-5018
Attention: Cheryl Mirsh

Women's Shelter
Selkirk Co-op on Abuse Against Women Inc.
Box 337
Selkirk, Manitoba
R1A 2B3
Tel: (204) 482-7882; Fax: (204) 482-8483
Attention: Waltraud Grieger

Acute and long-term care facilities (having a seniors program)

Elders Health Program
St. Boniface General Hospital
403-400 Tache Avenue
Winnipeg, Manitoba
R2H 3C3
Tel: (204) 235-3240
Attention: Debra Cossack

Psychogeriatric Program
Seven Oaks General Hospital
2300 McPhillips Drive
Winnipeg, Manitoba
R2V 3M3
Tel: (204) 945-8255
Attention: Heather Chernoff

Law enforcement

Crime Prevention/Victim Services Division
RCMP "D" Division
P.O. Box 5650
Winnipeg, Manitoba
R3C 3K2
Tel: (204) 983-4408; Fax: (204) 983-2628
Attention: Sgt. Ken Simpson

Older Victim Services
Age and Opportunity
304-323 Portage Avenue
Winnipeg, Manitoba
R3B 2C1
Tel: (204) 947-1276; Fax: (204) 947-5178
Attention: Barbara Whipps

Legal Sector

Family Violence Court of Winnipeg
Department of Justice
5th Floor
408 York Avenue
Winnipeg, Manitoba
R3C 0P9
Tel: (204) 945-3461; Fax: (204) 945-0552
Attention: Judge Ron Meyers

Department of Justice
Family Violence (Prosecution) Unit
6th Floor
405 Broadway
Winnipeg, Manitoba
R3C 3L6
Tel: (204) 945-0599; Fax: (204) 945-1260
Attention: Lynn Stannard

Government of Manitoba

Manitoba Seniors Directorate
450-500 Portage Avenue
Winnipeg, Manitoba
R3C 3X1
Tel: (204) 945-2127; Fax: (204) 945-0013
Attention: Kathy Yurkowski, Executive Director

Personal Care Home Program
Long-Term Care Programs Division
Manitoba Health Services Division
599 Empress Street
Winnipeg, Manitoba
R3C 2T6
Tel: (204) 786-7359; Fax: (204) 783-2171
Attention: Margaret Redston

Family Dispute Services
Department of Family Services
2-114 Gary Street
Winnipeg, Manitoba
R3C 1G1
Tel: (204) 945-1705; Fax: (204) 945-6717

Saskatchewan

The most beneficial tool in the assessment of abuse is the awareness that elder abuse does, in fact, occur. Through this awareness, not only are we better able to assess abuse, but we are also better equipped to provide opportunities for change for both the abused and the abuser. ... Interhospital Domestic Violence Committee

Overview

One hundred and eighty-five questionnaires were mailed to Saskatchewan. A total of 62 responses were received, including 20 completed questionnaires, 32 replies from groups with an interest but no formal program in place at the time and 10 replies from groups with no interest at the time.

The 20 respondents that completed the questionnaire came almost equally from governmental and non-governmental sectors. Fourteen of the 20 respondents serve a community, municipality or region. Nine of the respondents came from health and social services; five came from acute or long-term care facilities. The others represented community groups (2), law enforcement (1), university (1), government (1) and a planning coalition (1). Government was the most common source of funding.

Eleven of the respondents deal with all ages; nine deal with seniors only.

Two respondents indicated involvement with ethnospecific groups (Slavic, Native Canadians); one group deals specifically with older francophones in Saskatchewan. Two programs operate in English and French; the remainder work in English.

Most respondents (13 of 20) deal with elder abuse as part of a broader-based approach to family violence with no official mandate or protocols in place. Seventy percent said that they work in an interdisciplinary manner.

Community-based programs and services

Among the seven home care programs that responded, five had encountered 1 to 5 cases of elder abuse in the last six months; two had encountered 5 to 10 cases. None has specific protocols or formal programs on elder abuse; rather, they are handling cases as they arise. Generally, abuse cases are referred to the RCMP or other appropriate agencies such as mental health clinics or the Saskatchewan Alcohol and Drug Abuse Commission (SADAC) for alcohol-related problems.

The **Elder Abuse Information Project, Seniors Education Centre, University of Regina**, is conducting a search for literature and resources on elder abuse and distributing this information to seniors, professionals and the public. This phase of the project is supported by New Horizons. Subsequent phases are planned. The Seniors' Education Centre, with funding from Health and Welfare Canada's Seniors Independence Program (SIP), also held the first provincial workshop on elder abuse in June 1989.

Community health and social services also tend to deal with elder abuse on a case-by-case basis. The **Mobile Crisis Service** in Saskatoon is developing a protocol specific to elder abuse.

Acute and long-term care facilities

The provincial **Inter-Hospital Domestic Violence Committee** (within Saskatchewan Health) has a mandate to educate and sensitize health care professionals in the identification and management of victims of all forms of domestic violence. In August 1990, the committee developed an Inter-Hospital protocol handbook to assist with elder abuse. Copies have been provided to all hospitals, special care homes and home care districts. Copies of *Elder Abuse: Information and Protocol for Hospitals* are available from Saskatchewan Health (see contacts in acute and long-term care facilities at the end of this chapter).

Most of the five acute and long-term care facilities that responded deal with elder abuse as it arises, within the context of a broader approach to patient or resident care. Intervention varies according to the circumstances and includes counselling, referrals and placement in respite care or special care homes. Intervention is generally short term.

Royal University Hospital, a Saskatoon teaching hospital with an 18-bed Geriatric Assessment Unit, has encountered all forms of elder abuse and neglect. The unit is involved in an interagency effort to expand knowledge about elder abuse and develop an emergency response in Saskatoon. Other hospitals are reporting incidences of abuse to government officials via the Saskatchewan Health Adult/Elder Concern Form.

Government of Saskatchewan

Within government, the **Saskatchewan Seniors' Secretariat** provides leadership and policy direction on seniors issues. The **Senior Citizens' Provincial Council**, which acts in an advisory capacity to the Minister Responsible for Seniors, has identified elder abuse as one of its priorities. They established a subcommittee in March 1991 to develop an action plan. Generally, government continues to examine initiatives within a family violence framework.

The **Saskatchewan Home Care Program**, Continuing Care Branch of **Saskatchewan Health**, has indicated to home care districts that they are responsible for dealing with elder abuse within their own program. The district program must decide, on a situational basis, what intervention is required and appropriate. District programs have been given guidelines on how to react in elder abuse situations.

The **Continuing Care Branch** is also responsible for the development and administration of **The Personal Care Homes Act** and regulations. The Act and regulations were developed in the context of ensuring the provision of appropriate care and supervision of residents in personal care homes. Upon proclamation of the Act, all personal care homes within Saskatchewan will require licensing. Reported cases of abuse will be investigated and the power to revoke licences will be used.

The **Dependent Adult Act**, passed in July 1989, can also be used to benefit a senior in cases of abuse (particularly financial). It provides for guardianship for mentally disabled individuals. The guardian is expected to protect the rights of the individual, to encourage the adult to participate in making decisions and to limit interference in the life of the dependent adult as much as possible.

Contacts Having Formal Programs

Community-based programs and services

Elder Abuse Information Project
Seniors University Group Inc.
Seniors Education Centre
University of Regina
Room B34, College Building
College and Scarth Street
Regina, Saskatchewan
S4S 0A2
Tel: (306) 779-4706; Fax: (306) 779-4825
Attention: Lori Draper

Community programs offering assessment, referrals, counselling or family therapy

Mobile Crisis Service
Saskatoon Crisis Intervention Service
1410-20th Street West
Saskatoon, Saskatchewan
S7M 0Z4
Tel: (306) 664-4525
Attention: Bob Sims

Adult Out-Patient Programs
Prince Albert Mental Health Centre
Box 3003
Prince Albert, Saskatchewan
S6V 6G1
Tel: (306) 953-3855

Catholic Family Services of Prince Albert Inc.
77-11th Street West
Prince Albert, Saskatchewan
S6V 3A8
Tel: (306) 922-3202
Attention: Mildred Kaufmann

Family Service Bureau
2020 Halifax Street
Regina, Saskatchewan
S4P 1T7
Tel: (306) 757-6675; Fax: (306) 757-0133

Adult Services
Yorkton Mental Health Centre
270 Bradbrooke Drive
Yorkton, Saskatchewan
S3N 2K6
Tel: (306) 786-1598; Fax: (306) 786-1540
Attention: Janice Wagner or I. White

Acute and long-term care facilities

Inter-Hospital Domestic Violence Committee
Saskatchewan Health
Liaison for Inter-Hospital Domestic Violence Committee
T.C. Douglas Building
3475 Albert Street
Regina, Saskatchewan
S4S 6X6

Acute care hospitals providing education and liaison

Royal University Hospital
Saskatoon, Saskatchewan
S7N 0X0
Tel: (306) 966-2579; Fax: (306) 966-1660
Attention: Elliot Pous Jenssen

Social Work Department
Pasqua Hospital
4101 Dewdney Avenue
Regina, Saskatchewan
S4T 1A5
Tel: (306) 359-2361; Fax: (306) 359-2497
Attention: Dale Young, Chairperson

Government of Saskatchewan

Saskatchewan Seniors' Secretariat
and Senior Citizens' Provincial Council
Government of Saskatchewan
2151 Scarth Street
Regina, Saskatchewan
S4P 3Z3
Tel: (306) 787-6264; Fax: (306) 787-0694
Attention: Harold Danchilla, Director of Policy and Liaison

Saskatchewan Health
Continuing Care Branch
3475 Albert Street
Regina, Saskatchewan
S4S 6X6
Tel: (306) 787-1719
Attention: Lois K. Harrison, Manager, Policy Unit

Alberta

In cases where contact is made with an abused or neglected elderly person, care must be taken to approach the person in a friendly and helpful manner, rather than trying to force the person to accept help. The person who is concerned must be able to accept the elderly person's choice to refuse help after the latter has been alerted to a range of available choices. Providing support which is acceptable is the objective. ... Elder Abuse and Neglect, Senior Citizens Secretariat

In the long term, the only solution is to get at the root cause of why adult children abuse their elderly parents. As in the case of abusive men, that will require significant allocations of both time and money. But this much is clear: Canadian society is rapidly greying and the dynamics of abuse of seniors will not change unless, and until, the issue is addressed head on. Editorial, Calgary Herald, October 26, 1990

Overview

Two hundred and eighty-five questionnaires were mailed to Alberta. A total of 101 responses were received, including 35 completed questionnaires, 55 returns from groups with an interest but no program in place at the time and 11 from groups with no interest at the time.

Among the 35 respondents that completed the questionnaire, 31 of the respondents were from the government sector; 33 were working at the community or municipal level. Twenty-one of the respondents described themselves as health or social service providers; six were community

groups or centres; four represented law enforcement. There was only one return from an institution and no returns from the legal sector.

The majority (22 of 35) deal with all ages. Two respondents work specifically with Native Canadians. The one ethnocultural group that responded did not have an elder abuse program in place, but expressed the need for one because isolation and neglect are common among immigrant seniors.

Public awareness, information, referrals and assessment were the most likely activities to be offered.

Thirteen of the 35 respondents involved seniors in their initiatives. Twenty-seven were dealing with elder abuse as it arose; 31 groups reported that they had no formal protocol or guidelines in place.

Community-based programs and services

Among the nine home care programs that responded, five had encountered 1 to 5 cases of suspected or known abuse in the last six months; three had encountered 6 to 10 cases; and one was not aware of any. All home care programs deal with elder abuse as it arises. The **Home Care Program**, Jasper National Park Health Unit, also offers awareness in the community and provides referrals or interventions when contacted about abuse.

Generally, respondents in health and social services deal with elder abuse on a case-by-case basis, offering referrals to the appropriate agencies.

The **South Peace Health Unit** has developed a health education package on elder abuse for presentation at seniors wellness clinics throughout their area. After the presentation, nurses perform health assessments and monitoring, which provides an opportunity for one-on-one discussion. A public educator from the local women's shelter (Odyssey) has also provided staff orientations and has made guest presentations at the seniors wellness clinics (23 held per month).

In Red Deer, the **Community Action Group for Seniors** sponsored a public panel discussion on elder abuse with representatives from the medical profession, the Public Guardian, the RCMP and a women's shelter. Initiatives of this kind were sponsored by **Family and Community Support Services (FCSS)** in other areas as well. FCSS agencies also link with emergency shelters for women.

In Calgary, **Seniors Assisting Seniors** uses some 240 senior volunteers to assist their peers with any type of problem, including abuse.

In Athabasca, the **Athabasca Prevention of Family Violence Society** works with homemakers and homecare nurses in the Athabasca Health Unit. In Peace River, the **Peace Country Crisis Association** provides a women's crisis shelter and crisis telephone line. They deal with the abuse of senior women as it arises.

St. Albert Stop Abuse in Families (SAIF) provides support groups for women of all ages, crisis intervention, victim advocacy and follow-up, as well as a resource centre and educational presentations.

The **Family Violence Prevention Program** of the **O'Chiese Indian Band** offers workshops on family violence, support groups, crisis intervention and suicide prevention in their community.

The **Kerby Centre** in Calgary is a large seniors multiservice centre which is operated for and by older persons. In addition to a wide range of social, recreational and educational programs, a service infrastructure includes legal, housing, health and social services. Currently, family violence services are available to older persons, adult children concerned with older persons and the community at large. Services offered by the family violence program include individual counselling, support groups, family consultations, crisis assistance, accommodation assistance (if necessary) and educational workshops.

The Edmonton Catholic Social Service created the Edmonton **Elderly Adult Resource Services** in 1989 with a New Horizons contribution. It offers a 24-hour telephone answering service that averages 10 calls each month. In addition, the service provides information, referral, advocacy

and, in some cases, assessment and victim support. The staff is also involved in public speaking.

Acute and long-term care institutions

No long-term care institutions returned questionnaires. One acute care institution responded: **Red Deer Regional Hospital** deals with elder abuse in a broad-based approach to psychiatric help. The hospital has no one dealing specifically with elder abuse; however, the staff offers inpatient and outpatient services to prevent the recurrence of abuse.

Law enforcement

Generally, law enforcement respondents said that they deal with elder abuse in conjunction with a wide scope of victim services. They offer counselling, referrals, follow-up and help with the justice system or making claims for victim's compensation. Physical and financial abuse have always been handled under the auspices of assault, theft or fraud.

Seniors Liaison Program, Calgary Police Service Victim Assistance Unit, has a specific protocol directed toward seniors issues. It offers a multitude of services including support, information and referrals to all seniors. Nine lecture presentations are offered at community centres, seniors lodges and clubs on topics ranging from personal safety and home security to elder abuse and suicide prevention. The senior abuse presentation describes the various types of abuse and informs seniors about situations that may lead to abuse. Seniors are advised of possible means of assistance.

The seniors program has also established links with various community agencies such as social services and seniors outreach centres. The Victim Assistance Unit offers counselling and referral to senior victims of abuse. A brochure describing their services and copies of overheads for a police presentation on elder abuse are available on request.

Government of Alberta

The Government of Alberta has been taking action on elder abuse since 1985, when its Senior Citizens Secretariat undertook a survey of selected professionals in Alberta.

The Alberta **Services to Seniors Division** promotes and manages an interdepartmental agenda; and promotes collaboration in policy development, service planning, resource management and service delivery.

Among its activities, the **Seniors Advisory Council for Alberta** manages a resource centre and a toll-free information line that responds to enquiries about seniors issues, including elder abuse and requests for resource materials. In the preceding six months, the resource centre had received 41 enquiries about elder abuse and 69 requests for resources on elder abuse.

The **Office for the Prevention of Family Violence, Alberta Family and Social Services**, maintains a clearinghouse of information on family violence including elder abuse. The office is primarily involved in information, education, consultation, policy development and coordination of government services related to family violence. Available resources on elder abuse include a brochure, a fact sheet and a booklet. The office employs one person who specializes in elder abuse as part of her work.

Contacts Having Formal Programs

Community-based programs and services

Home Care Program
Jasper National Park Health Unit
Box 925
Jasper, Alberta
T0E 1E0
Tel: (403) 852-4759
Attention: Dawn Morrow

Community Health Nursing
South Peace Health Unit
10320-99th Street
Grande Prairie, Alberta
T8V 6J4
Tel: (403) 532-4441; Fax: (403) 532-1550
Attention: Donna L. Koch

Community Action Group for Seniors
Family and Community Support Services
Box 5008
Red Deer, Alberta
T4N 3T4
Attention: Barbara Jeffrey

Seniors Assisting Seniors
SAS Confederation Park
2212-13th Street Northwest
Calgary, Alberta
T2M 4P7
Tel: (403) 289-4780
Attention: Erna Maschki, Co-ordinator

Athabaska Prevention of Family Violence Society
Athabaska Family and Community Support Services
Box 90
Athabaska, Alberta
T0G 0B0
Tel: (403) 675-2623
Attention: Alan Taylor, FCSS Director

Peace Country Crisis Association
Box 2704
Peace River, Alberta
T0H 2X0
Tel: (403) 624-3466

St. Albert SAIF (Stop Abuse in Families) Society
219-89 McKenney Avenue
Mission Ridge Shopping Centre
St. Albert, Alberta
T8N 3P7
Tel: (403) 460-2195
Attention: Irene Slater or Ann Maksymiew

Family Violence Prevention Program
O'Chiese Indian Band
Box 1570
Rocky Mountain House, Alberta
T0M 1T0
Tel: (403) 989-3969
Attention: Gale Scheelar

Kerby Family Violence Initiative
Kerby Centre
1133-7th Avenue Southwest
Calgary, Alberta
T2P 1B2
Tel: (403) 265-0661
Attention: Annette McCullough

Elderly Adult Resource Services
8815-99th Street
Edmonton, Alberta
T6E 3V3
Tel: (403) 439-3100

Hospital dealing with elder abuse

Red Deer Regional Hospital
3942-50A Avenue
Red Deer, Alberta
T4N 4E7
Tel: (403) 343-4422; Fax: (403) 343-4433
Attention: Eadie Sequin

Law enforcement

Seniors Liaison Program
Victim Assistance Unit
Calgary Police Service
316-7th Avenue Southeast
Calgary, Alberta
T2G 0J2
Tel: (403) 268-8398; Fax: (403) 268-8393
Attention: Doug Elliston

Government of Alberta

Seniors Directorate
Ministry Responsible for Seniors
10th Floor, Seventh Street Plaza
10030-107 Street
Edmonton, Alberta
T5J 3E4
Tel: (403) 427-6437
Attention: Catarina Versaevel

Information and Resource Centre
Seniors Advisory Council for Alberta
10109-106 Street
Edmonton, Alberta
T5J 3L7
Tel: (403) 427-7876; Fax: (403) 422-6051
Toll-free line: 1-800-642-3853
Attention: Wanda Cree

Office for the Prevention of Family Violence
Alberta Family and Social Services
11th Floor
10030-107 Street
Edmonton, Alberta
T5J 3E4
Tel: (403) 422-5916; Fax: (403) 427-2039
Attention: Katrine McKenzie or Barbara McDougall

British Columbia

The Long-Term Home Care Program has encountered the full range of abuse. The numbers are small but it is believed that many cases are not detected. At the present time, no agency in this region has the mandate to provide the in-depth counselling and family support that this issue warrants. ... Long-Term Home Care Program, Victoria

The abused elderly do not initially view their situations as having a legal remedy and are more likely to seek information about low-cost housing or income benefits. Staff are trained to look beyond the presenting questions. The most vulnerable elderly (who are isolated and have multiple health problems) do not usually reach out for help. So we train home support workers and other service providers to recognize instances of elder abuse. ... Legal Services for the Elderly, North Shore Community Services

Overview

Two hundred and eight questionnaires were mailed to British Columbia A total of 106 responses were received, including 43 completed questionnaires, 19 groups with no interest at the time and 44 groups who expressed an interest but had no program in place at the time.

Of the 43 respondents that completed the questionnaire, 30 serve a municipality or community. Seven respondents represent law enforcement and victim assistance units; nine respondents were from health and social services. Sixteen serve all ages; 26 deal only with seniors.

Referrals, public awareness and information are the most common activities offered. Eighteen of the respondents that completed the questionnaire are involved in interagency coordination, 14 in advocacy and 11 in crisis help.

Only six of the respondents have a formal protocol in place; however, many groups were in the process of developing one. Fifteen said they have an official mandate to deal with elder abuse; 26 have no mandate but are handling cases as they arise.

There were few responses from multicultural and Native communities. One immigrant society in Vancouver responded, but has no formal program for elder abuse. Six respondents provide services in other languages, including Chinese, Punjabi and Aboriginal languages.

Sixty-four percent of respondents who completed the questionnaire were governmental organizations. Governments are the most frequent source of funding.

Respondents from British Columbia differed from the national response by ranking psychological abuse as the most common type of abuse encountered.

Community-based programs and services

Three elder abuse committees responded. At the provincial level, the **Committee for the Prevention of Elder Abuse and Neglect, Social Planning and Research Council of British Columbia (SPARC)**, serves as an advocate and educator on elder abuse. The committee is made up of professionals who volunteer their time. They produce educational materials and a video (funded by Health and Welfare Canada's Seniors Independence Program) and make presentations around the province. Reported cases of abuse are referred to the appropriate agency. The committee's goal is to reduce the incidence of elder abuse and neglect in British Columbia through education, research and lobbying for legislation.

Two communities also have elder abuse committees. The **Chilliwack Elder Abuse Action and Awareness Committee** is a multidisciplinary group whose objective is to develop a community referral and management protocol for elder abuse. The **Elder Abuse Committee** of the **Social Planning Council of Vernon** started in February 1991. It is documenting incidences of elder abuse, compiling a list of resources, making referrals and developing protocols.

In Victoria, the **Mayor's Advisory Committee on the Prevention of Violence towards Women, Children and the Elderly**, has had a **Subcommittee on Elder Abuse** since 1983. It provides a forum for interagency cooperation, education and case discussion. The committee recently received a grant from the British Columbia Health Research Foundation for an 18-month project (June 1991 to December 1992). The **Victoria Elder Abuse Project** at **Fairfield Health Centre** is studying the incidence of elder abuse in the city and developing assessment, intervention and consultation services to victims, families and community agencies.

In British Columbia, the Hor e Nursing Care Program is part of the Continuing Care Program of the Ministry of Health, except in Vancouver and Victoria where the municipalities take the lead. Of the five home care nursing programs that responded, three have a program or protocol for elder abuse in place. The remaining two deal with elder abuse as it arises in a broad-based approach to family violence. Among the five programs, two had encountered 1 to 5 cases of known or suspected elder abuse in the past six months, two had encountered 6 to 10 cases and one had encountered 11 to 20 cases.

The **Vancouver Health Department** has a volunteer speakers bureau of people who give presentations on elder abuse in the community. The Long-Term Care/Home Care Program of the same department has a written protocol for staff. It defines elder abuse and describes how to document a case, how to conduct a preliminary assessment and what to do if abuse is confirmed. In addition, a data collection tool is being developed with the assistance of the Ministry of Health.

The **James Bay Wellness Program** in Victoria is a community-based organization that provides health and social services to people of all ages.

One full-time social worker provides assessment, counselling, referral and advocacy, and facilitates group programs for seniors. The program sponsors educational sessions and responds to cases of elder abuse in cooperation with other community agencies, police and hospitals. A representative also sits on a city-wide committee that addresses the issue of elder abuse in Victoria.

Two seniors community programs in Vancouver reported dealing with elder abuse. **Elders Network**, the **Fairview-Kitsilano-Point Grey Senior Citizens' Association**, handles cases as they arise through referrals, their telephone hot-line and coordination with other agencies. The **411 Seniors' Outreach** program confronts elder abuse in a broader-based approach to services for seniors who are in crisis or at risk in the community. It accepts referrals of abused seniors from various agencies and offers them information, counselling services and referral to the police if necessary. The program had encountered 6 to 10 cases of known or suspected abuse in the six months preceding the survey. It is funded through private donations and government services.

Acute and long-term care facilities

The two health care facilities that responded have protocols for detecting and reporting suspected elder abuse. Both protocols provide definitions of elder abuse, its indicators and how to report it. One includes a "suspicion of incident report" for staff to fill out when abuse is encountered. One facility had encountered 1 to 5 cases of known or suspected abuse in the past six months; the other had encountered 11 to 20 cases.

Glacier View Lodge, a long-term care facility in **Comox**, had received SIP funding to develop a community caregivers support group. The Social Work Department, **Greater Victoria Hospital Society**, is closely linked to community agencies in an effort to establish interagency protocols.

Law enforcement

Responses were received from 14 police victim service programs. Generally, all tend to deal with elder abuse as part of a broad-based approach to victim services. Most prevention strategies are directed toward the victimization of seniors by people who are not in a position of trust. Elder abuse is generally confronted only when the victim is involved in the criminal justice system.

The **Police Services Branch** of the **Ministry of the Solicitor General** is developing a policy and program for victims of family violence, including elder abuse.

Victim/Witness Services, **Sunshine Coast RCMP**, has gathered resource materials for use in presentations on elder abuse. It is also meeting with other agencies to discuss and develop local protocols and guidelines for handling elder abuse.

CoPS: Community Police Stations in **Victoria**, allows the Victoria police department to regionalize some of their activities and be more involved in proactive community work. Five community police stations are serviced by their own constable and 20 to 40 volunteers. A CoPS officer participates in the Victoria Mayor's Sub-Committee on Elder Abuse and is developing an interdisciplinary case record for identification and research purposes. In the James Bay neighbourhood, where 37 percent of the population are retired seniors, a volunteer telephone outreach program has been set up. A description of CoPS, a project evaluation and a list of references on elder abuse are available on request.

Legal sector

Legal Services for the Elderly, a non-profit, community-based agency in North Vancouver funded by SIP, reported 30 cases of known or suspected elder abuse in the preceding six months. Legal Services has developed multidisciplinary, community protocols and case management procedures. It offers counselling over the telephone and through visits to institutions and people's homes. The agency, which has two part-time

staff, is shaped by a philosophy that values self-determination. Resources include a brochure, *Putting Your Affairs in Order*, a progress report and a protocol.

Government of British Columbia

The **Interministry Committee on Elder Abuse** is made up of representatives from the ministries of Advanced Education; the Attorney General; Health, Labour and Consumer Services; Native Affairs; Social Services and Housing; and the Solicitor General. The committee is developing generic protocols to be used across the province. It is also developing a provincial strategy to reduce the incidence of elder abuse in British Columbia.

The **Community Care Facilities Licensing Branch** of the Ministry of Health regulates the licensing of facilities and is mandated to investigate allegations of abuse or neglect in facilities. The branch has developed a draft protocol for dealing with abuse in their facilities.

The **Continuing Care Division**, **Quality Assurance Branch**, **Ministry of Health**, provides a range of support services such as home nursing care, adult day-care, facility care and community-based services delivered in the home. Most clients are seniors.

The Elder Abuse Coordinator within the division works with ministry staff throughout the province to develop effective responses to incidents of elder abuse. A summary report, *Elder Abuse Project, Continuing Care Division*, defines elder abuse and outlines the steps to be taken when abuse is encountered.

The **Senior Citizen Counselling Program** is a unique voluntary program coordinated by the **Ministry of Social Services and Housing**. Over 150 retired seniors work in various areas across the province, including multicultural centres. Although the counsellors have not been collecting data on the prevalence of elder abuse, counsellors deal with elder abuse on a case-by-case basis.

Contacts Having Formal Programs

Community-based programs and services

Elder abuse committees

Committee for the Prevention of Elder Abuse and Neglect
Social Planning and Research Council of British Columbia
106-2182 West 12th Avenue
Vancouver, British Columbia
V6K 2N4
Tel: (604) 736-8118; Fax: (604) 736-8697
Attention: Linda Tod

Chilliwack Elder Abuse Action and Awareness Committee
Chilliwack Community Services
45845 Wellington Avenue
Chilliwack, British Columbia
V2P 2E1
Tel: (604) 792-4267
Attention: Candice Alkins

Elder Abuse Committee
Social Planning Council of Vernon
3306A-32nd Avenue
Vernon, British Columbia
V1T 2M6
Tel: (604) 545-9288
Attention: Sandie Hoberg

Subcommittee on Elder Abuse
Victoria Mayor's Advisory Committee on the Prevention
of Violence Towards Women, Children and the Elderly
4549 Montford Crescent
Victoria, British Columbia
Tel: (604) 477-0744
Attention: Cora Nash, Chairperson

Victoria Elder Abuse Project
Fairfield Health Centre
841 Fairfield Road
Victoria, British Columbia
V8V 3E6
Tel: (604) 389-6340; Fax: (604) 389-5308
Attention: Betty Anderson

Community-based programs

Long-Term Care Program
Capital Regional District
1947 Cook Street
Victoria, British Columbia
V0T 3P8
Tel: (604) 388-2300; Fax: (604) 338-4722
Attention: Sally Hamilton

Long-Term Care/Home Care Program
Vancouver Health Department
2110 West 43rd Avenue
Vancouver, British Columbia
V6M 2E1
Tel: (604) 261-6366
Attention: Lesley Taylor

Volunteer Speakers on Elder Abuse
Vancouver Health Department
2110 West 43rd Avenue
Vancouver, British Columbia
V6M 2E1
Tel: (604) 261-6366; Fax: (604) 261-7220
Attention: Bonnie Lillies

James Bay Wellness Program
James Bay Community Project
547 Michigan Street
Victoria, British Columbia
V8V 1S5
Tel: (604) 361-3384; Fax: (604) 338-7856
Attention: Sandy Lundmark

Elders Network
Fairview-Kitsilano-Point Grey
Senior Citizens' Association
1410 West 12th Avenue
Vancouver, British Columbia
V6H 1M8
Tel: (604) 733-4169
Attention: Colleen Goodrich

411 Seniors' Outreach Program
411 Dunsmuir Street
Vancouver, British Columbia
V6B 1X4
Tel: (604) 684-0453
Attention: Darlene Munro

Acute and long-term care facilities (with protocol or programs)

Glacier View Lodge
Long-Term Care Facility
R.R. 5
Comox, British Columbia
V9N 8B5
Tel: (604) 338-1451; Fax: (604) 338-1115
Attention: June Rushton

Social Work Department
Greater Victoria Hospital Society
1900 Fort Street
Victoria, British Columbia
V8R 1J8
Tel: (604) 595-9335
Attention: Margot Bonner

Law enforcement

Victim Services and Family Violence Programs
Police Services Branch
Ministry of the Solicitor General
207-815 Hornby Street
Vancouver, British Columbia
V6Z 2E6
Tel: (604) 660-2604; Fax: (604) 660-2606
Attention: Linda Light

Sunshine Coast Victim/Witness Services
RCMP
P.O. Box 188
Sechelt, British Columbia
V0N 3A0
Tel: (604) 885-5554
Attention: Rita Petrescu

CoPS
City of Victoria Police Department
625 Fisgard Street
Victoria, British Columbia
V8W 1R9
Tel: (604) 384-4111

Legal sector

Legal Services for the Elderly
North Shore Community Services
1060 Roosevelt Crescent
North Vancouver, British Columbia
V7P 1M3
Tel: (604) 985-7138
Attention: Pearl McKenzie

Government of British Columbia

Interministry Committee on Elder Abuse
Continuing Care Division
Ministry of Health
914 Yates Street
Victoria, British Columbia
V8V 4V7
Tel: (604) 387-2525; Fax: (604) 387-2548
Attention: Patricia Davis

Community Care Facilities Licensing Branch
Central Vancouver Health Unit
Ministry of Health
1665 Grant Avenue
Nanaimo, British Columbia
V9R 5K7
Tel: (604) 755-6200; Fax: (604) 755-2397
Attention: Rod Fraser

Continuing Care Administrator
Quality Assurance Branch
Ministry of Health
3412 Kalum Street
Terrace, British Columbia
V8G 4T2
Tel: (604) 638-3467; Fax: (604) 638-3492
Attention: Dave Dennis

Senior Citizen Counsellor Program
Ministry of Social Services and Housing
Community Support Services Division
Parliament Buildings
Victoria, British Columbia
V8V 1X4
Tel: (604) 387-5671; Fax: (604) 387-8164
Attention: Barbara Makepeace Wilson

Yukon Territory

We have no formal program set up at this time but we listen to the person and have a core of young seniors who do their best to help. ...Yukon Council on Aging

Overview

Forty questionnaires were mailed to the Yukon Territory. A total of 15 responses were received, including five completed questionnaires, five respondents with an interest but no program in place at the time and five with no interest at the time.

All of the respondents were government-based; only one, the Council on Aging, dealt specifically with seniors.

Public awareness, information and interdisciplinary coordination were the activities most likely to be offered.

All were dealing with elder abuse in an informal manner, as part of a broader-based approach to family violence. Neglect was the most frequently encountered type of abuse.

No questionnaires were returned by Native groups; however, three of the five respondents offer services to Natives and non-Natives.
No acute or long-term care facilities responded.

Community-based programs and services

The **Yukon Council on Aging** has a program called ***We can help.*** It is a seniors support group that offers advice to victims of elder abuse.

The two health centres that responded have no formal programs for elder abuse but offer referrals when cases are encountered.

Government of the Yukon Territory

The **Home Care** and **Seniors Services** units of the **Department of Health and Social Services** deal with elder abuse in an interdisciplinary manner. Home Care's approach is within a broad-based approach to family violence, while Seniors Services deals specifically with elder abuse. The Department of Health and Human Resources deals with elder abuse in an informal way, including responding to telephone calls and providing information.

The **Family Violence Prevention Unit**, **Corrections and Law Enforcement Branch** of the **Department of Justice**, deals with elder abuse within a broad-based approach to family violence. It had encountered 1 to 5 cases in the six months before completing the questionnaire. Its program focuses on abuse within intimate relationships and provides support, advocacy and referrals to abused seniors.

Contacts Having Formal Programs

Community-based programs and services

We can help
Yukon Council on Aging
Suite 3, 106 Main Street
Whitehorse, Yukon
Y1A 2A8
Tel: (403) 668-3383
Attention: Pat Olsen

Watson Lake Health Centre
Box 500
Watson Lake, Yukon
Y0A 1C0
Tel: (403) 536-7483; Fax: (403) 536-7302

Teslin Health Centre
Medical Services Branch
Health and Welfare Canada
General Delivery
Teslin, Yukon
Y0A 1B0
Tel: (403) 390-2510; Fax: (403) 390-2217
Attention: Bea Felker

Government of the Yukon Territory

Home Care and Seniors' Services
Department of Health and Social Services
Yukon Territorial Government
Box 2703
Whitehorse, Yukon
Y1A 2C6
Tel: (403) 667-5674; Fax: (403) 667-3518
Attention: Paul Champagne

Family Violence Prevention Unit
Corrections and Law Enforcement Branch
Department of Justice
Box 2703
Whitehorse, Yukon
Y1A 2C6
Tel: (403) 667-3581
Attention: Terry Krahn

Northwest Territories

In our community, everyone keeps an eye on our elders: health workers, social workers, leaders and families and relatives. We do the best we can in cases of abuse or neglect. ... Community health representative at the Fort McPherson Health Centre

Overview

Twenty-five questionnaires were mailed to the Northwest Territories. A total of 12 responses were received, including five completed questionnaires and seven respondents with an interest but no program in place at the time.

All respondents were governmental organizations; two served the territory as a whole and three served at the community level. There were no respondents from law enforcement or the legal sector. All respondents but one indicated that they served the Native population.

Information, referrals and nursing care were the most common activities offered.

All respondents deal with elder abuse as part of a broad-based approach to family violence and involve seniors in the development and implementation of programs.

Three of the five respondents that completed the questionnaire had encountered elder abuse in the past six months; the majority did not have records indicating whether or not spousal abuse was involved.

Community-based programs and services

The **Fort McPherson Health Centre** offers referrals to workers in health and social services; the centre had encountered 11 to 20 cases of known or suspected elder abuse cases in the past six months. Generally, the centre deals with elder abuse as part of a broad-based approach to health care. It has a Concerned Persons' Committee that distributes lists of names of support people around the community. These people offer counselling and follow-up. In cases where care is not available, seniors are referred to Inuvik long-term care. The centre serves Native people and offers services in English and Gwich'in.

Acute and long-term care facilities

The two long-term care facilities that responded indicated that they did not have a specific program for elder abuse, but handled it as a part of a broad-based approach to family violence.

Legal sector

The **Arctic Public Legal Education and Information Society**, with funding from Health and Welfare Canada's Family Violence Prevention Division, ran a project from December 1, 1989, to March 31, 1990, to determine why knowledge and information about violence has failed to make a significant difference to the lives of Native people. It postulated that the legal, emotional and health problems associated with family violence could be addressed only if people and communities are committed to change. The outcome of the project was the **Oral Culture Family Violence Theatre Project**, which sought to have Native people deal with the problem of family violence through their own cultural traditions.

Government of the Northwest Territories

The **Department of Social Services, Aged and Handicapped Programs**, has no established program for dealing with elder abuse. Complaints of abuse are dealt with on a case-by-case basis by community social service workers.

The **Family Life Education Program**, Government of the Northwest Territories, has held awareness workshops for different types of family violence, including child, adult and elder abuse. The workshops encouraged participants to share and evaluate their views and ideas, as well as to create community responses to the problem. The program deals with many government and non-government agencies with an interest in family violence. It serves on an interdisciplinary committee on family violence and child abuse in the Northwest Territories.

Contacts Having Formal Programs

Community-based programs and services

Fort McPherson Health Centre
Fort McPherson, Northwest Territories
X0E 0J0
Tel: (403) 952-2586; Fax: (403) 952-2620
Attention: Marty Melchior

Acute and long-term care facilities

Inuvik Regional Hospital
P.O. Bag Service #2
Inuvik, Northwest Territories
X0E 0T0
Tel: (403) 979-2955; Fax: (403) 979-4266
Attention: Andrea MacLean

H.H. Williams Memorial Hospital
Box 1280
Hay River, Northwest Territories
X0G 0R0
Tel: (403) 874-6512; Fax: (403) 874-3377
Attention: Gary Slauenwhite

Legal sector

Arctic Public Legal Education and Information Society
4916-47 Street
P.O. Box 2706
Yellowknife, Northwest Territories
X1A 2R1
Tel: (403) 920-2360
Attention: Stephen Whipp

Government of the Northwest Territories

Department of Social Services
Aged and Handicapped Programs
Government of the Northwest Territories
Box 1320
Yellowknife, Northwest Territories
X1A 2L9
Tel: (403) 873-7707; Fax: (403) 873-0299
Attention: Pat Felhaver

Family Life Education Program
Government of Northwest Territories
Department of Health
The Centre Square Tower
7th Floor
P.O. Box 1320
Yellowknife, Northwest Territories
X1A 2L9
Tel: (403) 920-8758; Fax: (403) 920-4969
Attention: Berré Patenaude

National Organizations and Federal Government

While elder abuse has probably existed throughout history, it has only recently begun to receive public attention in Canada. ... Family Violence Situation Paper, Government of Canada

Overview

Two hundred and twenty-four questionnaires were sent to national organizations and federal government departments. A number wrote or telephoned to indicate their interest in the issue; however, few completed the questionnaire identifying specific initiatives on the abuse of older people.

This section describes national initiatives that were brought to our attention in response to our request for information on programs and policies related to the abuse of older adults.

National organizations

Nine national organizations are involved in the **Interdisciplinary Project on Domestic Violence.** Elder abuse is one of the forms of domestic violence specifically targeted by the project. The co-sponsors are

- Canadian Nurses Association
- The Canadian Bar Association

- Canadian Teachers Federation
- The Canadian Medical Association
- Canadian Institute of Child Health
- Canadian Psychological Association
- Canadian Association of Chiefs of Police
- Canadian Association of Social Workers
- The Church Council on Justice and Corrections

Phase I (1988-89) of the project researched the need for cooperative efforts and documented existing initiatives. Phase II (1989-90) focused on the creation of provincial and territorial working groups. Phase III is devoted to developing resource materials and an educational process to enhance cooperation among professionals in the field.

The project's first report, titled *The Other Side of the Mountain: Working Together on Family Violence,* documents the need for interdisciplinary action against all forms of family violence and makes 13 recommendations for action. The project was developed with contributions from Health and Welfare Canada, the Solicitor General, the Department of Justice and the Donner Foundation.

A number of national organizations for seniors and non-governmental organizations representing health and social service professionals have been somewhat involved in increasing awareness and providing information about elder abuse through their newsletters and journals. Articles have appeared, for example, in the *Canadian Nurse Practitioner*, *Canadian Family Physician* and the *Journal of Gerontological Nursing*. The **Canadian Association of Retired Persons (CARP)** has written about elder abuse in its newsletter as part of its mandate "to improve the quality of life of seniors". Some organizations, such as the **Canadian Association on Gerontology**, have sponsored workshops and sessions on elder abuse at their annual conferences. Other groups such as the Canadian Mental Health Association indicated that their response to the issue largely takes place at the local level of organization.

The Family Violence Program at the **Canadian Council on Social Development** publishes *Vis-à-vis*, a newsletter on family violence. Vol. 6 No. 3 (1990) included a feature, *Understanding the Dimensions of Elder Abuse*.

The **Victorian Order of Nurses (VON)** has a procedure for managing family violence for VON health care professionals. It includes sections on assessment and intervention in cases of elder abuse.

Federal government

The **Seniors Secretariat** within Health and Welfare Canada provides information, support and policy advice to the Minister of State for Seniors. It is responsible for coordinating and encouraging programs and policies for seniors with other departments; and for consulting with provincial and territorial governments, seniors organizations and individual seniors to learn more about seniors' needs. The Seniors Secretariat initiated and developed this report in cooperation with the Family Violence Prevention Division, Health and Welfare Canada. The Secretariat publishes *Seniors Info Exchange*, a quarterly newsletter designed to share information on seniors initiatives and issues, including abuse.

The **National Advisory Council on Aging (NACA)** assists and advises the Minister of National Health and Welfare on all matters related to aging and the quality of life of seniors. NACA encourages public discussion on elder abuse and other issues affecting seniors and has worked closely with the Seniors Secretariat to prepare this overview. NACA has released two publications dealing with elder abuse, entitled *Elder Abuse: Major Issues from a National Perspective* and *Consumer Fraud and Seniors*.

The **Family Violence Prevention Division** of Health and Welfare Canada has a consultant who provides information, coordination, referrals and assistance with proposal development in elder abuse. The division supports the National Film Board work on elder abuse and the distribution of information on elder abuse from the National

Clearinghouse on Family Violence. In 1989, the division sponsored the first national survey on elder abuse; in 1991, they co-sponsored the first National Conference on Elder Abuse and Crime.

In February 1991, the Government of Canada announced a renewed Family Violence Initiative, a four-year $136-million program designed to prevent family violence and improve community responsiveness to the issue. Initial projects to reduce elder abuse include a video and accompanying education material on financial exploitation (co-funded with the Manitoba Seniors Directorate and working with the Canadian Bankers Association) and the adaptation of a film produced by the Sûreté du Québec into English.

The **National Clearinghouse on Family Violence** (Health and Welfare Canada) distributes free information on elder abuse in both official languages, including

- an annotated bibliography on elder abuse,
- an elder abuse fact sheet,
- an elder abuse discussion paper and selected articles,
- *National Survey on Abuse of the Elderly in Canada* (Ryerson Study) and
- a booklet entitled *Abuse and Neglect of the Elderly.*

The **Health Services Directorate**, Health and Welfare Canada, develops guidelines that promote high standards of care in institutional, community and mental health services. *Health care related to abuse, assault, neglect and family violence* provides guidelines for the role of health facilities in response to abuse, including abuse of older people. *Canada's Mental Health*, a quarterly publication from the directorate, deals with elder abuse as one issue in mental health services.

The **National Native Alcohol and Drug Abuse Program**,* Medical Services Branch, Health and Welfare Canada, provides funding to Aboriginal communities for family violence initiatives, which may include projects on elder abuse.

* *indicates funding program*

The **Seniors Independence Program (SIP)*** provides funding for community-based projects designed to enable seniors and those working with them to enhance the independence and quality of life of older persons in Canada. Eligible applicants include voluntary, non-government, non-profit groups and organizations. Elder abuse is a designated SIP area of interest. Applications may be submitted to the Social Services regional offices.

New Horizons* provides opportunities for older Canadians to plan, operate and participate in meaningful activities of their own choosing. Several seniors groups have conducted awareness and education projects on elder abuse. To be eligible for funding, groups must include at least 10 persons, and 70 percent of members must be 60 years or older and retired.

The **Women's Program,* Department of the Secretary of State of Canada**, funds groups working to advance the cause of women in three areas: economic equality, social justice, and participation and access.

Elder Abuse: Vulnerable Sector, Police, Policy and Research Division, is the focus on elder abuse within the **Ministry of the Solicitor General of Canada**. The ministry is a contributing partner in the federal Family Violence Initiative. Within that initiative, research, policy development, demonstration projects and program activities are designed to enhance police-related services as part of a larger, coordinated, multidisciplinary response at the grass roots community level. To this end, the ministry has also taken an active role in providing ongoing education and specialized training for police and correctional personnel. The ministry also co-sponsored, with Health and Welfare Canada, the First National Conference on Elder Abuse and Crime in January 1991. *Police and the Elderly: Evolving Implications on an Aging Society*, a research report on the implications of an aging society to policing, is available from the ministry. It includes a discussion on elder abuse as a police issue.

The **Royal Canadian Mounted Police (RCMP)** have initiated a national program to provide specialized police services for seniors. They have produced a video, *Frauds and other con games*, as well as three booklets

addressing *Cons & Frauds*, *Home Protection* and *Safety Tips*. The last two booklets have been condensed and reproduced on cassette tape for the visually impaired. All material is in bilingual format.

Several other federal departments relate to elder abuse through the Interdepartmental Steering Committee on Family Violence. They include the Department of Justice, Indian and Northern Affairs, Status of Women, Statistics Canada, Canada Mortgage and Housing Corporation, Multiculturalism and Citizenship, and National Defence. The Department of Veterans Affairs is in the process of developing a training and policy response to elder abuse.

The **National Film Board of Canada (NFB)** produces and distributes a broad range of films, videos and discussion guides, including some on elder abuse. The NFB also promotes the titles and holds sales and television rights to some of the productions. Resources include

- a catalogue, *The Family Violence Film and Video Collection* (free);
- *Mr. Nobody* and *A House Divided*, NFB-produced audiovisuals on elder abuse (accompanying study guides are available free); and
- *Calling a Halt* and *Silence Upstairs*, audiovisuals on elder abuse distributed by NFB. A study guide for *Calling a Halt* is available on loan.

Contacts

National organizations

Interdisciplinary Project on Domestic Violence
130 Slater Street
Room 750
Ottawa, Ontario
K1P 6E2
Tel: (613) 594-0296

Canadian Association of Retired Persons (CARP)
27 Queen Street East
Suite 1304
Toronto, Ontario
M5C 2M6
Tel: (416) 363-CARP; Fax: (416) 363-8747
Attention: Mr. M. Morgenthau

Canadian Association on Gerontology
1565 Carling Avenue
Suite 110
Ottawa, Ontario
K1Z 8R1
Tel: (613) 729-9347; Fax: (613) 725-0514

Vis-à-vis
Family Violence Program
Canadian Council on Social Development
55 Parkdale Avenue
Ottawa, Ontario
K1Y 4G1
Tel: (613) 728-1865; Fax: (613) 728-9397

Victorian Order of Nurses for Canada
5 Blackburn Avenue
Ottawa, Ontario
K2N 8A2
Tel: (613) 233-5694; Fax: (613) 230-4376

Federal government

Seniors Secretariat
Health and Welfare Canada
Ottawa, Ontario
K1A 0K9
Tel: (613) 952-7606; Fax: (613) 957-7627

National Advisory Council on Aging (NACA)
473 Albert Street
3rd Floor
Ottawa, Ontario
K1A 0K9
Tel: (613) 957-1968

Family Violence Prevention Division
Health and Welfare Canada
Ottawa, Ontario
K1A 1B5
Tel: (613) 957-2865
Attention: Consultant on Elder Abuse

National Clearinghouse on Family Violence
Family Violence Prevention Division
Health and Welfare Canada
Main Floor, Finance Building
Tunney's Pasture
Ottawa, Ontario
K1A 1B5
Tel: (613) 954-2938; Fax: (613) 957-4247
Toll-free line: 1-800-267-1291

Health Services Directorate
Health Services and Promotion Branch
Health and Welfare Canada
Ottawa, Ontario
K1A 1B4
Tel: (613) 954-8576

National Native Alcohol and Drug Abuse Program
Medical Services Branch
Health and Welfare Canada
Room 1189, Jeanne Mance Building
Ottawa, Ontario
K1A 0L3
Tel: (613) 957-3395; Fax: (613) 957-9969

Seniors Independence Program (SIP)
Health and Welfare Canada
Ottawa, Ontario
K1A 1B5
Tel: (613) 952-9533

New Horizons Program
National Office
Health and Welfare Canada
Ottawa, Ontario
K1A 1B5
Tel: (613) 957-2880

Women's Program
Department of the Secretary of State of Canada
Ottawa, Ontario
K1A 0M5
Tel: (819) 994-3202

Police Policy and Research Division
Solicitor General Canada
340 Laurier Avenue West
8th Floor, Section B
Ottawa, Ontario
Tel: (613) 990-2710; Fax: (613) 993-5252
Attention: Chief, Police and Community Response Branch

Research and Program Development
RCMP Policy Centre
Crime Prevention Services Branch
1200 Vanier Parkway
Ottawa, Ontario
Tel: (613) 993-8435; Fax: (613) 993-0216

Note: Applications for SIP and New Horizons project funding may be obtained from regional offices of Social Services, listed at the end of this section.

National Film Board of Canada (NFB)

Check your telephone directory under Government of Canada to see if an NFB office is in your area. If you live outside a city with an NFB office, call one of the following toll-free lines to reserve videos or films.

Atlantic Canada	1-800-561-7104
Quebec	1-800-363-0328
Ontario	1-800-267-7710
Western and Northern Canada	1-800-661-9867

Many public libraries also have NFB videos in their collections.

Regional offices, Social Services Programs Branch

Social Services Programs
308-2150 West Broadway
Vancouver, British Columbia
V6K 4L9
Tel: (604) 666-2729
(serves British Columbia and Yukon)

Social Services Programs
9700 Jasper Avenue, Room 850
Edmonton, Alberta
T5J 4C3
Tel: (403) 495-2754; Fax: (403) 495-5537
(serves Alberta and Northwest Territories)

Social Services Programs
3rd Floor, Federal Building
1975 Scarth Street
Regina, Saskatchewan
S4P 3K4
Tel: (306) 780-5355

Social Services Programs
340 Graham Avenue
Eaton Place
Winnipeg, Manitoba
R3C 4C2
Tel: (204) 983-2833; Fax: (204) 983-0337

Social Services Programs
2300 Yonge Street, Suite 1104
Toronto, Ontario
M4P 1E4
Tel: (416) 973-1999

Social Services Programs
Complexe Guy Favreau
200 West René Lévesque Boulevard
Suite 212, East Tower
Montreal, Quebec
H2Z 1X4
Tel: (514) 283-7306

Social Services Programs
1222 Main Street
3rd Floor
Moncton, New Brunswick
E1C 1H6
Tel: (506) 857-7007

Social Services Programs
5670 Spring Garden Road
4th Floor
Halifax, Nova Scotia
B3J 1H6
Tel: (902) 426-2741

Social Services Programs
3 Harbourside, Suite 101
Charlottetown, Prince Edward Island
C1A 7M9
Tel: (902) 566-7857

Social Services Programs
P.O. Box 1752, Station C
St. John's, Newfoundland
A1C 5P5
Tel: (709) 772-2279

Summary

This chapter provides a national summary of all the questionnaires that were completed by groups that were encountering elder abuse and dealing with it in a formal or informal way. Throughout this chapter, the word "respondent" refers only to those that completed the questionnaire in full.

In January 1991, 2 495 questionnaires were mailed across the country. The overall response rate was 32 percent. However, only 13 percent (307 groups) completed the questionnaire in full and returned it within the time allotted. This reflects the reality that many groups are dealing with elder abuse on an ad hoc basis, or as part of a broader approach to family violence. There is a limited number of elder abuse-specific initiatives across the country.

Caution should be used in interpreting the national response described in this chapter, due to the low response rate. Nor is it possible to estimate the incidence or prevalence of elder abuse from this information. That was not the intent of this study.

Comparisons between sectors should also be interpreted with caution. It was beyond the scope of this project to survey every institution, for example, or every police department. Questionnaires were sent to those most likely to be involved, to include their programs, services or protocols in the national overview.

Description of respondents

Seventy-four percent of respondents served at the community, municipal or regional level. Twenty-two percent worked at the provincial or territorial level; only three percent operated at the national level (Figure 1). The low rate of return (12%) from national associations may have been a reflection of two things. First, the questionnaire lent itself more to groups that have direct contact with seniors; secondly, the response to elder abuse generally happens at the local level.

Among the 307 respondents that completed the questionnaire, 63.5 percent were government-based; 29.7 percent were non-governmental and 6.8 percent described themselves as fitting in the "other" category (Figure 2). Most of the groups in the latter category were interdisciplinary (involving government and non-government representatives).

Respondents were most likely to come from the health sector (27%); 18 percent of respondents represented community groups or seniors centres; 14 percent represented social services; 11 percent were from acute and long-term care facilities; 10 percent were from law enforcement agencies and 7 percent came from the legal and justice sector (Figure 3). To some extent, this reflects the mailing list for the questionnaire; however, the response from seniors groups (national and provincial) and from immigrant-serving agencies was low when the number of questionnaires mailed to these groups is considered.

The respondents were balanced in terms of the target group they served: 56 percent dealt with all ages; 44 percent dealt only with seniors (Figure 4).

Figure 1
Region served

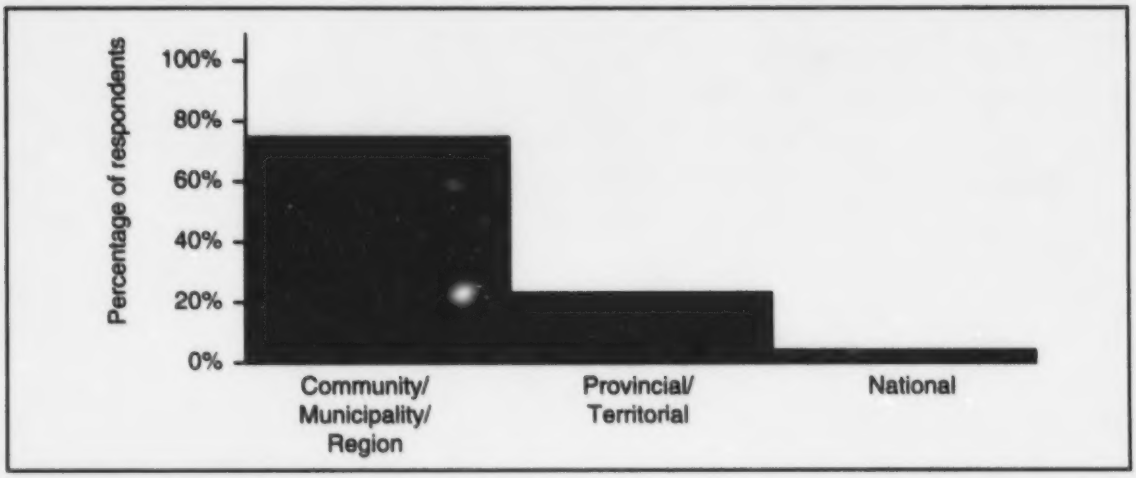


Figure 2
Affiliation of respondents

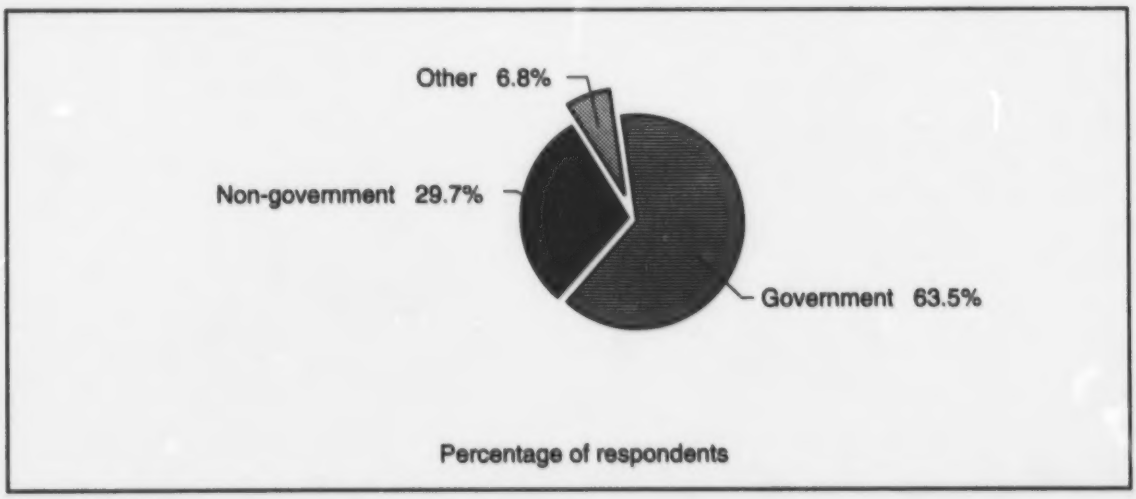


Figure 3
Type of organization dealing with elder abuse

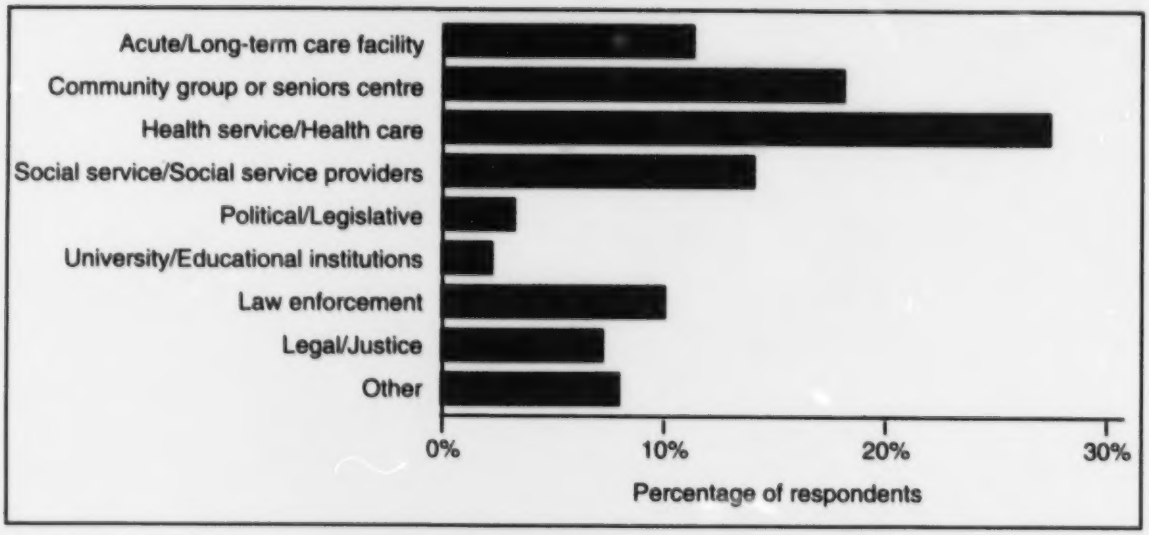
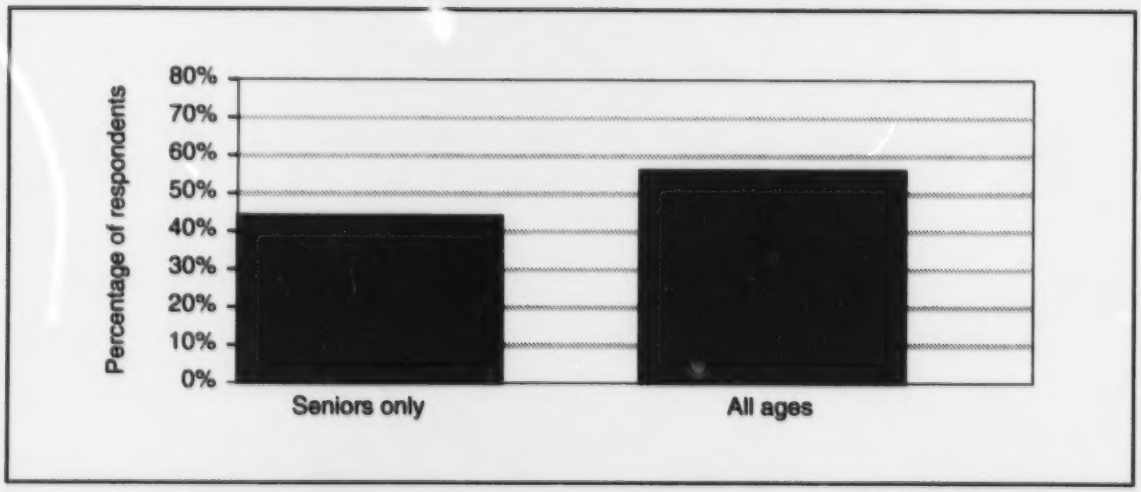


Figure 4
Target group served



Approaches to elder abuse

One of the questions was designed to develop a description of the approach used by each group. Respondents were asked to select an answer from each of four pairs of statements:

1. We are concerned with elder abuse as part of a broad-based approach to family violence; or
2. We are only concerned with elder abuse.

1. Elder abuse is an official part of our program; or
2. We have no formal mandate to deal with elder abuse.

1. We work independently of other groups; or
2. We work with other groups (interdisciplinary).

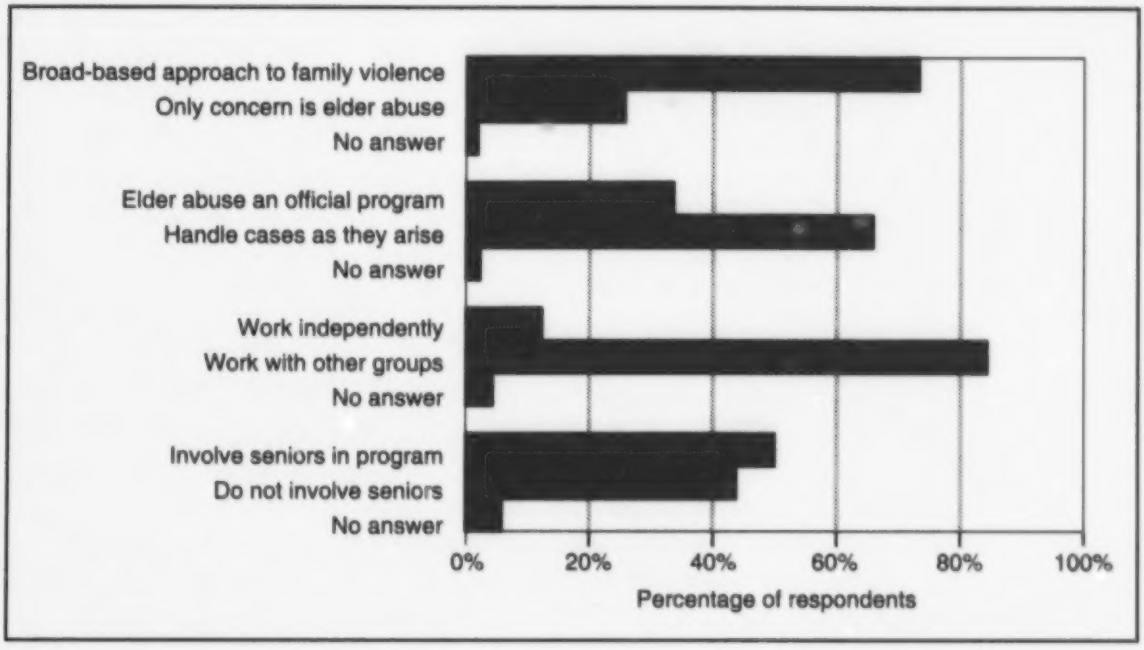
1. We involve seniors in our program; or
2. We do not involve seniors in our program.

Figure 5 describes the response to this question.

Overall, 72 percent of respondents were dealing with elder abuse as part of a broader-based approach to family violence.

Only 30 percent indicated that dealing with elder abuse was an official part of their program; the majority were handling cases as they arose.

Figure 5
Approaches to elder abuse



Overall, 83 percent of respondents indicated that they were working with other groups; however, it was not clear to what extent an interdisciplinary approach was in place. Within the national, non-governmental community, the Interdisciplinary Project on Domestic Violence, a coalition of nine national associations, had documented the need for an interdisciplinary response and were working to enhance cooperation at the national level. Interdisciplinary planning with a coordinated approach was also evident at the community level. In Ontario, for example, 10 communities were organized around a multidisciplinary committee on elder abuse.

While a number of programs involved "seniors helping seniors", 43 percent of respondents said they did not include seniors in the development or implementation of elder abuse programs. Community groups were the most likely to involve seniors in the design and implementation and to be involved in programs specific to elder abuse (Figure 6).

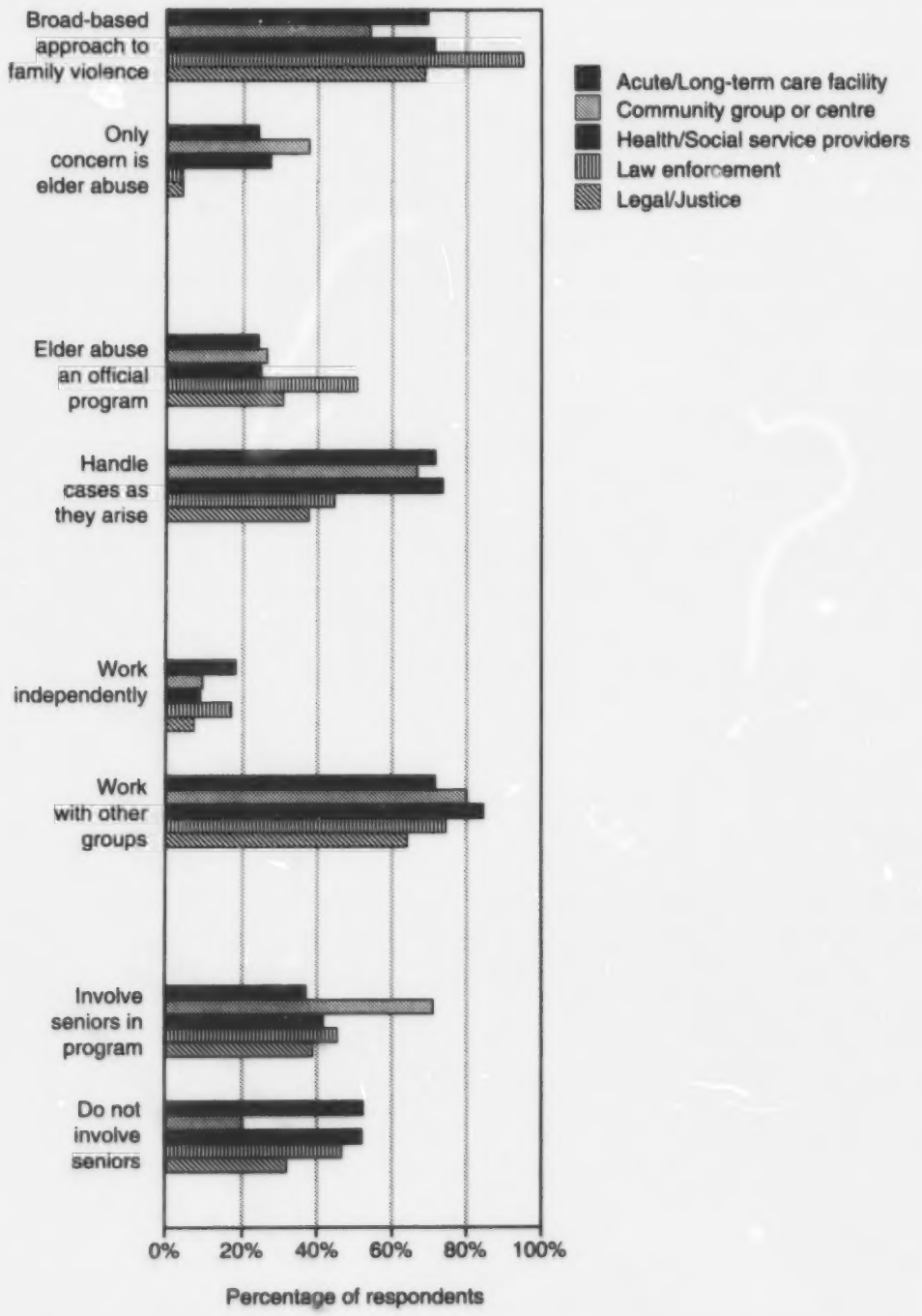
When the approaches of the different types of organizations that responded to the questionnaire were compared, law enforcement agencies were the most likely to state that dealing with elder abuse was an official part of their mandate. They were also most inclined to treat elder abuse within an overall approach to family violence. There was some question, however, about whether law enforcement agencies defined elder abuse in the same way as this study. Some of the respondents in law enforcement appeared to include theft and crime victimization by people unknown to the older person in their definition of elder abuse.

Respondents from Native communities indicated a preference for a broad-based community approach to family violence, rather than separating older people out. They saw their response to elder abuse as part of the community healing process needed to deal with a number of social problems, including abuse, anger, alcoholism and suicide. They also stressed the importance of the elder's role in traditional customs and culture.

Types of activities

The activities undertaken to deal with elder abuse varied among the provinces and territories and among various sectors in the community. In Newfoundland, Prince Edward Island, Nova Scotia and New Brunswick, older adult protection legislation has an influence on the activities undertaken in cases of elder abuse. In these provinces, reporting and referrals were made formal according to the legislation in each jurisdiction.

Figure 6
Approach to elder abuse according to the type of organization



The legislation in the four Atlantic Provinces provides similar powers of investigation and intervention. For example, in Nova Scotia, the minister responsible can order an individual to accept services or to be examined by a physician; the minister can also remove the individual to a "safe" place. Each jurisdiction provides staff to coordinate investigations, interventions and the provision of support services.

Nova Scotia and Newfoundland require mandatory reporting of elder abuse. Any person with information about abuse is required to report it directly to a specified senior government official. Prince Edward Island has recently introduced voluntary reporting with no penalties.

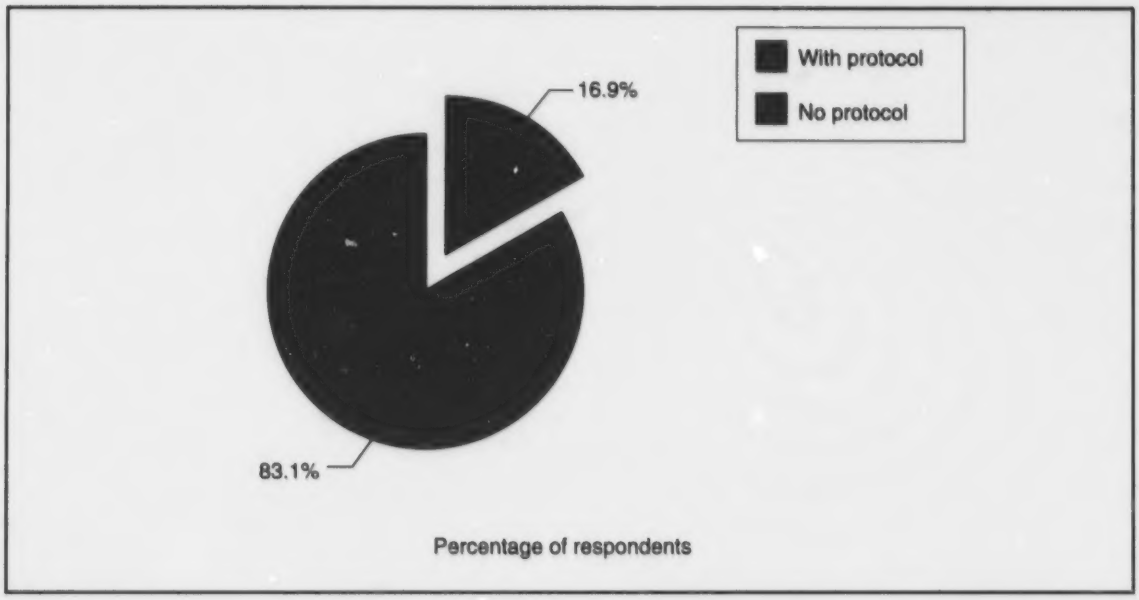
All other provinces and territories use existing laws to address elder abuse. These include the Criminal Code of Canada, the Canadian Charter of Rights and Freedoms, Common Law, the Mental Health Act and the Mental Incompetency Act. Most provinces also have provincial family or guardianship laws that can be used to address elder abuse.

Eighty-three percent of those who completed the questionnaire had no formal protocol or guidelines for dealing with elder abuse (Figure 7).

Across the country, the most common activities offered were public awareness, information and referrals (Figure 8). This may reflect the early stages of our response to elder abuse, which some authors have compared to "how we dealt with child abuse or wife assault some 15 years ago." It also begs the question: if almost 70 percent of groups are "referring" victims of elder abuse, just to whom are they referring them?

A number of resources have been developed, including numerous protocols and a variety of awareness tools such as pamphlets and videos. These are described throughout the text and listed in Appendix IV.

Figure 7
Organizations with a formal protocol

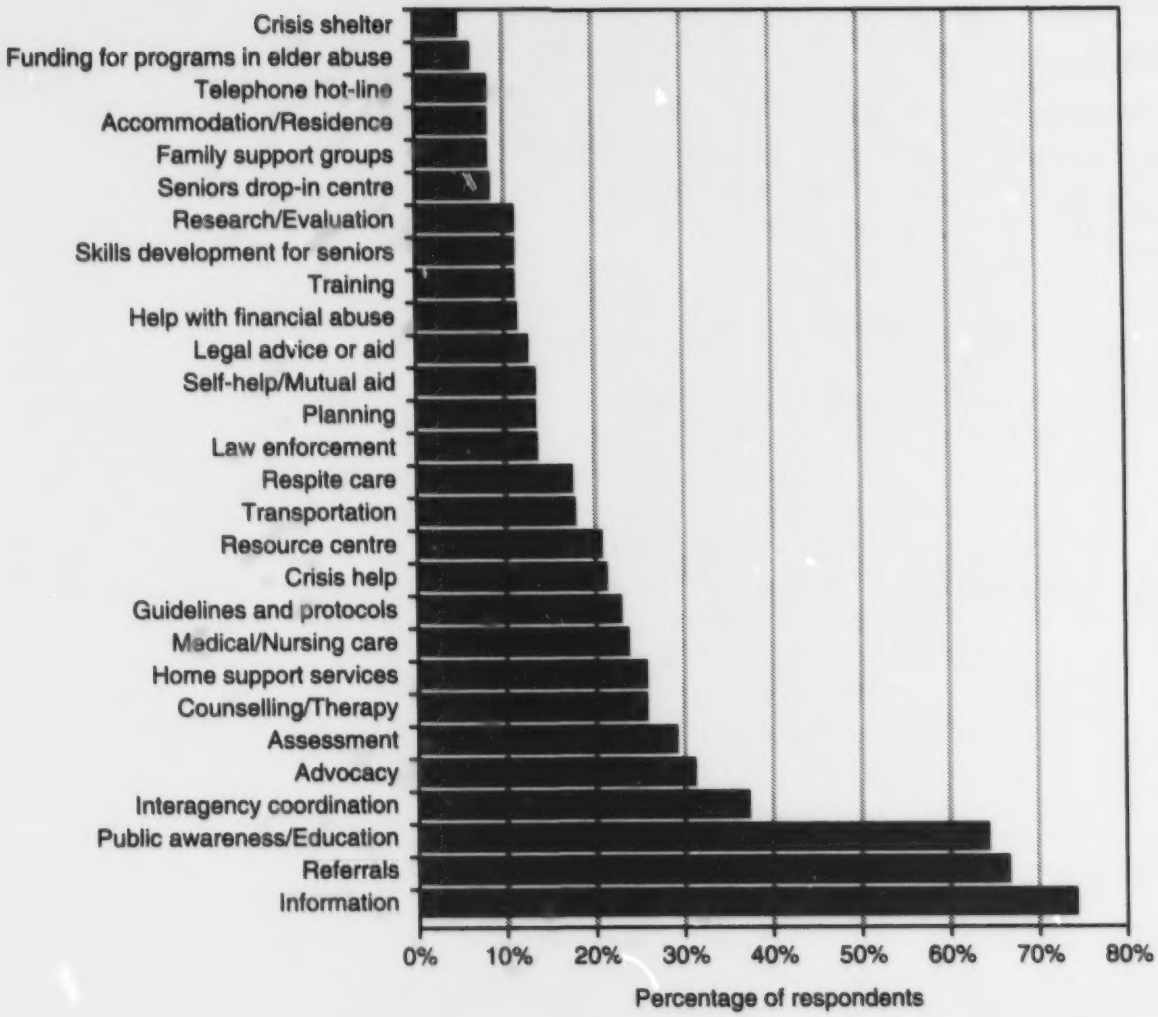


Respondents were also asked if they had conducted a formal evaluation of their program, service or protocol on elder abuse. Only six percent (17 respondents) had done so. This may reflect the early stage of activities in elder abuse, or the fact that activities dealing with elder abuse are not yet a formal part of most organizations' mandates. None of the 17 respondents who had completed an evaluation was able to provide copies of the report.

Abuse encountered

Health and social services were the most likely to encounter elder abuse. The police and legal sector tended to be involved after the initial contact by a health or social service worker. Obviously, elder abuse-specific projects encountered the largest numbers. In all jurisdictions, home care reported a small but steady number of cases (usually between 5 and 10) of suspected elder abuse in the six months preceding the survey.

Figure 8
Activities Offered



Record keeping was sporadic in all sectors. Some respondents were unable to identify elder abuse specifically because age-specific data had not been collected. Most respondents were unable to identify how many cases involved spousal abuse.

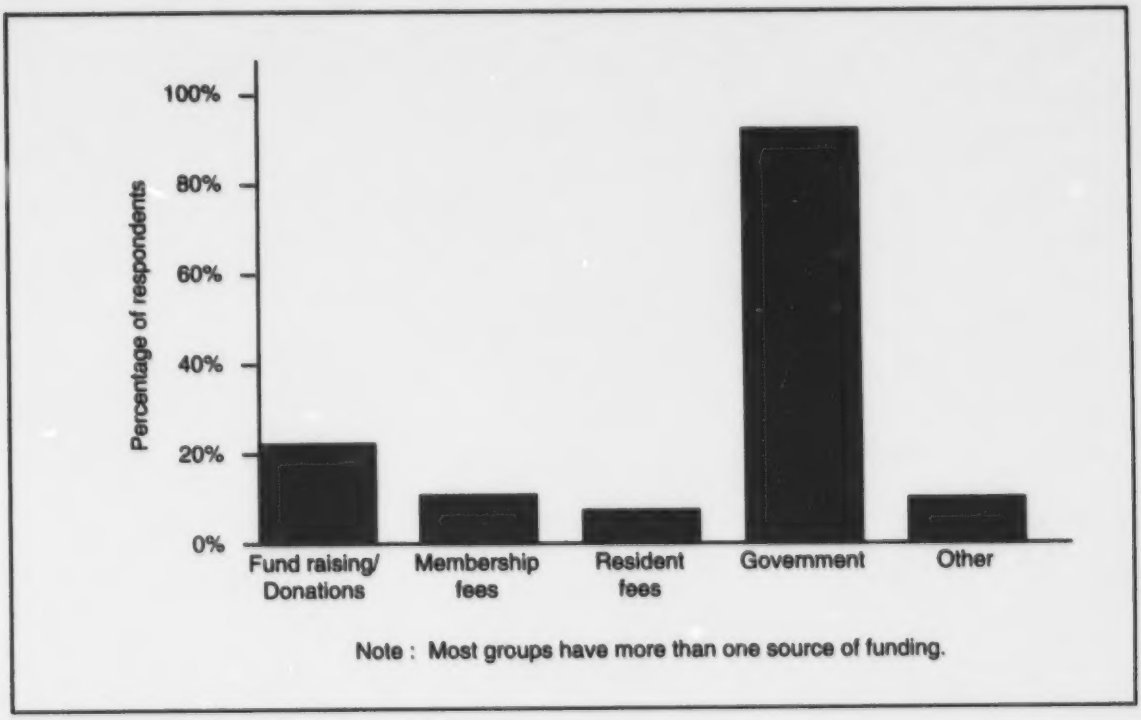
As in other elder abuse studies, financial abuse was reported as most often encountered. Physical abuse was least likely to be encountered. In some provinces and territories, psychological abuse and neglect were noted more often than financial abuse. These findings should be interpreted with caution, however, since this survey was not designed to assess the type and amount of abuse.

Sources of funding

Provincial or territorial or local governments are the most likely sources of funding for ongoing programs (92%), followed by fund raising/ donations (22%), membership fees (10%) and resident fees (7%) (Figure 9). The United Way/Centraide was frequently mentioned as a source of funding under the "other" category. Health and Welfare Canada's Seniors Independence Program (SIP) and New Horizons Program funded virtually all of the time-limited, community-based projects in elder abuse. Other large initiatives such as the Ryerson Survey, the National Conference on Elder Abuse and Crime, and the Nova Scotia Seniors Secretariat Task Force strategy were funded through the federal Family Violence Initiative.

SIP projects are a maximum of 36 months; New Horizons projects are a maximum of 18 months. Thus, while they provide an important cadre of influential programs on elder abuse, individual projects are time-limited, unless other sources of funding are obtained at the end of the allotted time.

Figure 9
Respondents' sources of funding



Note : Most groups have more than one source of funding.

Conclusion

A Shared Concern is a first step in documenting the existence of programs, services and protocols dealing with elder abuse. It is hoped that it will stimulate further action by enabling groups to share their experiences.

It also serves as a starting point for more in-depth analyses of the response to the abuse of older people among different sectors or within a specific region of the country.

The survey used to develop *A Shared Concern* has identified gaps in age- and sex-specific record keeping, and a paucity of program and service evaluations. It suggests some important areas for further research, including an in-depth analysis of the response to elder abuse in categories such as law enforcement or home care. There is a need for comprehensive information on the response in institutions, including abuse that occurs within facilities. More information is needed on referral patterns and the role of national organizations in the prevention of elder abuse.

A Shared Concern confirms that health and social services, the police and community projects across the country are encountering and dealing with elder abuse in the best way they can. It points to the need for dedicated resources and training for those who are dealing with elder abuse. It suggests a need to clarify the differences in response between jurisdictions that have adult protection legislation (the Atlantic region) and those that do not.

The overview reinforces the desirability of a multidisciplinary approach to elder abuse and suggests a research question on what kinds of interdisciplinary models function best.

Most importantly, this overview points to the growing and shared concern about elder abuse. All across the country, groups and individuals are beginning to look at what can be done. Now is the time to build on that shared concern, by broadening our knowledge about elder abuse and by providing the policies, knowledge and tools that will turn collective concern into effective action.

APPENDICES

Appendix I
Questionnaire

National Survey of Programs, Protocols and Services Addressing the Abuse of Older People

Dear Colleague:

This questionnaire is being mailed out to a broad cross-section of people who work with seniors or who have indicated an interest in the abuse of older people (sometimes called elder abuse). Its purpose is to develop a national inventory of current programs, protocols and services related to the abuse of older adults.

This inventory will help us share ideas. It will also expand the network of people who are actively working to prevent and deal with the abuse of older adults. We hope you will take the time to review the questionnaire and describe your involvement (whether large or small) or return the tear-off at the bottom of this page, if you are not currently involved in elder abuse. We will be pleased to send you a copy of the inventory upon its completion. **Thank you!**

About the Survey

Who is conducting it? The federal Seniors Secretariat in co-operation with the Family Violence Prevention Division, Health and Welfare Canada.

What is elder abuse? For the purposes of the inventory, abuse of older adults includes financial exploitation, physical abuse, psychological abuse or neglect committed by someone in a position of affection, kinship or trust.

How can you be part of the inventory network?

1. If you are not engaged in activities related to the abuse of older adults or if you are just beginning to develop activities, please return the tear-off section at the bottom of this page to the address given below. (You might want to pass the questionnaire on to someone else who is working on elder abuse.)

2. If you are engaged in activities (ranging from awareness-raising activities to full services), please complete Parts I and II of the attached questionnaire. A sample of a completed Elder Abuse Program Profile (Part II) is included to assist you in filling it out. You will have an opportunity to verify the accuracy of your entry in the inventory before it is printed and you will receive a complimentary copy of the document.

Please fax or mail your completed questionnaire by February 19, 1991 to:

Peggy Edwards
Chelsea Group Communications
36 Appleby Private
Ottawa, Ontario
K2C 3P4
Phone: (613) 723-1013 or 729-7533
Fax: (613) 725-0514

For groups without established activities

Name of Organization: _____

Address: _____ Town/City _____

Province/Territory _____ Postal Code _____

☐ We are not currently involved in activities related to elder abuse.

☐ We are developing a program related to elder abuse.

☐ We would like to obtain a copy of the inventory.

Contact Information

Program/Title: _____

Name of Organization/Agency: _____

(Check 1 box.)

☐ Governmental ☐ Non-governmental ☐ Other

Which area do you serve? (Check one box.)

☐ Community/Municipality/Region ☐ Province/Territory

☐ All of Canada

Address: _____
Street City

_____ ☐☐☐ ☐☐☐
Province Postal Code

Telephone: ( ) _____ **Fax:** ( ) _____

Contact Person: _____

PART I: Descriptive Check List

This section includes a number of quick questions to help us describe the organized response to the abuse of older adults in Canada and to ensure that your program is well-described in the inventory.

1. Which of the following best describes your organization? (Circle one only.)

acute/long-term care facility	1
community group or centre	2
health service/health care providers	3
social service/social service providers	4
political/legislative	5
religious affiliation	6
university/educational institution	7
law enforcement	8
legal/justice	9
other, please specify	10

2a. What is the primary target group you serve? (Circle one only.)

seniors	1
all ages (children, adults, seniors)	2

2b. Are you primarily involved with an ethnospecific group, e.g., native people, Italian speaking? (Circle one.)

No 1 Yes 2 Specify _____

3. Which of the following activities related to elder abuse do you offer? (Circle all that apply.)

referrals	1	medical/nursing care	14
public awareness/education	2	law enforcement	15
information	3	legal advice or aid	16
resource centre	4	research/evaluation	17
family support groups	5	funding for programs in elder abuse	18
counselling/therapy	6	planning	19
self help/mutual aid	7	advocacy	20
development of guidelines, procedures or protocols	8	accommodation/residence	21
seniors' drop-in centre	9	crisis shelter	22
respite care	10	help with financial abuse	23
home support services	11	assessment	24
transportation	12	crisis help	25
inter-disciplinary/inter-agency/ coordination	13	telephone hot-line	26
		training	27
		skills development for seniors	28

4. Which of the following best describes your organization's approach to abuse and older people? (Circle one number in each set.)

We deal with elder abuse as part of a broader-based approach to family violence. 1
We are concerned only with elder abuse. 2

We deal with elder abuse as an official part of our program. 1
Although we have no specific mandate to deal with elder abuse, we try to handle cases as they arise. 2

We work independently from other groups. 1
We work with other types of groups (inter-disciplinary). 2

We involve seniors and/or victims of abuse in the development and implementation of our program. 1
We do not involve seniors and/or victims of abuse in the development and implementation of our program. 2

5. Is your organization currently using a formal procedure or protocol for dealing with elder abuse? (Circle one.)

Yes 1
No 2

If yes, please send a copy of your procedure or protocol.

6. Has your organization conducted a formal evaluation of your program, services or protocol? (Circle one.)

Yes _____ 1
No _____ 2
Evaluation under way _____ 3

If yes, please send a copy of the relevant evaluation documents.

7a. Please list and briefly describe any resources you have developed on elder abuse, e.g., brochures, videos, policy statements, protocols, guidelines and evaluation reports. (Attach additional sheet if necessary.)

i) _____
ii) _____
iii) _____
iv) _____

7b. Are sample copies available to others? Yes ☐ No ☐

If yes, are they: Free ☐ Purchase ☐ Loan ☐

If possible, please mail a sample of each of these resources. If not possible, please indicate if and how they may be obtained. We will forward any resources received to the National Clearinghouse on Family Violence.

8a. In the past 6 months, how many cases of known or suspected elder abuse have you encountered? (Circle one.)

0 _____ 1
1-5 _____ 2
6-10 _____ 3
11-20 _____ 4
more than 20 _____ 5, specify _____

8b. How many of these cases involved spousal abuse? (Indicate number.) ____

9. Which type of elder abuse do you most often encounter? (Rank 1 to 4; 1 is most frequent.)

financial/material	_____
psychological	_____
physical	_____
neglect	_____
not applicable	_____

10. How many people in your organization are dealing with elder abuse? (Please fill in number.)

full-time staff	_____
part-time staff	_____
volunteer	_____

11. Which statements apply to you? (Circle all that apply.)

Our program operates in English only. _____	1
Our program operates in French only. _____	2
Our program operates in both English and French. _____	3
Our program operates in other languages. _____	4
Specify _____	

12. What are your sources of funding? (Circle all that apply.)

fund raising/donations _____	1
membership fees _____	2
resident fees _____	3
government funds _____	4
other, specify _____	5

13. If the inventory were available on diskette (IBM, WordPerfect 5.0) and in printed format, which would you prefer? (Circle one.)

Diskette	1
Printed	2

Please use this space for any further comments and proceed to Part II.

(To assist you in filling this out we have attached two sample descriptions on the next page.)

PART II: Descriptive Profile
(Please print or type)

Program/Title: _____

Name of Organization: _____

PROGRAM/SERVICES/PROTOCOL PURPOSE OR OBJECTIVES:

TIMEFRAME: Start-up date: _____

Completion date: _____ or Ongoing (check) ☐

PROGRAM/SERVICES/PROTOCOL DESCRIPTION:

Thank you for taking the time to complete this questionnaire!

SOME SAMPLE PROGRAM/SERVICES/PROTOCOL DESCRIPTIONS

PART II: Descriptive Profile
(Please print or type)

Program/Title: Family Counselling Services

Name of Organization: Southern Region Social Services Department

Ontario Ministry of Community and Social Services

PROGRAM/SERVICES/PROTOCOL DESCRIPTION:

A community-based agency that provides counselling and follow-up in cases of family violence (including elder abuse). In cases of elder abuse, treatment for the abuser focuses on empathy training and social skills training. Referrals are suggested when appropriate for respite care or new residence. Family therapy and dialogue between victim and offender are used when possible. An internal program evaluation has been conducted and a report is available.

Three full time counsellors (paid) work on the program . We also have 2 volunteers who provide follow-up home visits (3 hours per week each). We also serve on an interdisciplinary committee on family violence for the region.

The program has encountered cases of neglect and financial, psychological and physical abuse. We have cooperated with the regional police force to promote community awareness of these four different types of abuse.

Program/Title:

Name of Organization: Super Senior's Centre

PROGRAM/SERVICES/PROTOCOL DESCRIPTION:

A senior's centre that provides a wide variety of services and programs for seniors in the region. Currently, no formal program on elder abuse is in place. As part of our support to seniors, however, we are sensitive and responsive to members in difficulty and refer those encountering elder abuse to other services in the community.

Appendix II
Methodology

A variety of methods was used to gather information on programs, services and protocols related to elder abuse.

1. Key informants (experts in the field and representatives of seniors groups and provincial, territorial and federal governments) were contacted by telephone. A "snowball" technique was then used to identify further contacts in each jurisdiction.

2. The survey was promoted through the use of a flyer and announcements requesting a response from those involved in elder abuse. This flyer was mailed to all subscribers to the federal publication, *Seniors Info Exchange*. The announcement was distributed at two major conferences (Canadian Association on Gerontology and the First National Conference on Elder Abuse and Crime). In addition, several national seniors groups and health organizations ran notices about the survey in their membership publications, or distributed flyers at their meetings.

3. Existing contact lists were obtained, including

- selected lists from the Seniors Information Database housed at the Seniors Secretariat and the National Advisory Council on Aging (the mailing list includes provincial government contacts, seniors groups, long-term care contacts, Native groups, gerontology associations and key contacts on elder abuse);

- delegate list from the elder abuse conference held in Quebec in October 1990 and the First National Conference on Elder Abuse and Crime held in Toronto, January 1991;

- list of recipients of the newsletters *Seniors Info Exchange* and *Vis-à-vis*;

- lists of national ethnocultural organizations and immigrant-serving agencies obtained from Secretary of State;

- list of all public health units provided by the Canadian Public Health Association;

- Health and Welfare Canada's list of national associations involved in health issues; and

- list of projects concerned with elder abuse from the Seniors Independence Program (SIP) and New Horizons.

4. Major reports from family violence meetings and other documents on elder abuse were reviewed for key contacts in law enforcement, the justice sector and institutional settings.

As a result of these steps, 2 495 questionnaires were mailed out across the country in January 1991. Responses were recorded in February and March of 1991. The returns fell into four categories:

1. groups that had no program, service or protocol on abuse as of February 28, 1991;

2. groups that were developing a program, service or protocol on elder abuse;

3. groups that were encountering and responding to elder abuse on a case-by-case, informal basis; and

4. groups having formal or mandated programs, services or protocols for elder abuse.

Only completed questionnaires (groups 3 and 4) were entered in the data collection.

Relevant sections of the first draft of *A Shared Concern* were shared with representatives of federal, provincial and territorial governments. In addition, each of the programs of groups described in the report was contacted to verify the accuracy of the text.

The complete draft was reviewed by the project team and two independent experts in the field.

Appendix III
Summary of Responses

	Number of questionnaires mailed	No program	No program - wants inventory	Developing program - wants inventory	Completed questionnaires	Total responses
Newfoundland	40	3	7	0	6	16
Nova Scotia	120	6	12	2	17	37
Prince Edward Island	84	6	6	1	15	28
New Brunswick	82	2	3	0	7	12
Quebec	398	35	44	11	27	117
Ontario	700	26	85	26	91	228
Manitoba	104	5	12	1	26	44
Saskatchewan	185	10	27	5	20	62
Alberta	285	11	46	9	35	101
British Columbia	208	19	37	7	43	106
Yukon	40	5	5	0	5	15
Northwest Territories	25	4	3	0	5	12
National/Federal	224	15	2	0	10	27
Totals	2,495	147	289	62	307	80

Total number of responses	805
Response rate (overall)	32%
Number of completed questionnaires	307
Response rate (completed questionnaires)	13%

Appendix IV
Resources

Although the purpose of this overview was not specifically to create a catalogue of resources, respondents were asked to identify any existing resources and to indicate if copies were available for others. Some people sent descriptions of their overall program (i.e., they were not elder abuse-specific). Others were unclear about the availability of the resource and the language(s) in which it was produced. Nonetheless, the reviewers thought that a cross-reference of resources would be a useful addition to *A Shared Concern*. Readers are encouraged to contact the originator of the resource directly, unless it is indicated that copies are available from the National Clearinghouse on Family Violence.

Protocols and protocol manuals are listed first. This is followed by a list of brochures, booklets, videos and other educational material on elder abuse. In each case, the name of the resource and its originator is given. The page describing the resource is identified as well as the (contact) page for the address and phone number of the group or organization that produced the resource.

Protocols and protocol manuals

1. **Elder Abuse and Neglect Protocol Manual for Staff and Volunteers**, Seniors Resource Centre, Gander, Newfoundland, page 11, contact page 13, English.

2. **Facilities with protocols** in Newfoundland, page 11, contacts page 14.

3. **Hospital Protocol: Victims of Domestic Violence**, 1987, Prince Edward Island Hospital and Health Services Commission, page 27, contact page 31.

4. **The Abuse/Neglect Protocol**, 1987, Prince Edward Island Home Care and Support, Department of Health and Social Services, page 29, contact page 32.

5. **Facility with a protocol** in Prince Edward Island, contact page 31.

6. **Institutions in Ontario with a protocol or policy for dealing with elder abuse**, page 58, contacts pages 69-71.

7. **A Decision-Making Model for Assessing and Interviewing in Cases of Elder Abuse and Neglect**, 1990, the Council on Aging of Ottawa-Carleton, page 53. Also available free in English or French from the National Clearinghouse on Family Violence, p. 133.

8. **A contact form**, for health care professionals, counsellors or police personnel, Committee on Abuse and Neglect of the Elderly, the London, Ontario Battered Women's Advocacy Clinic Inc., page 55, contact page 62.

9. **Visiting Nurses Protocols**, Victorian Order of Nurses and St. Elizabeth Visiting Nurses of Ontario, page 57, contact page 68, copies available on request.

10. **Occupational Therapy Protocol**, Community Occupational Therapy Associates (COTA), Ontario, page 57, contact page 68.

11. **Home Care Protocol**, Personal Care Home Program, Manitoba Health Services Division, page 79, contact page 83.

12. **Elder Abuse: Information and Protocol for Hospitals**, Saskatchewan Health, Liaison for Inter-Hospital Domestic Violence Committee, page 87, contact page 90.

13. **Saskatchewan Health Adult/Elder Concern Form**, Saskatchewan Health, page 88, contact page 91.

14. **Protocol for victim assistance units**, Calgary Police Service Victim Assistance Unit, page 96, contact page 100.

15. **Home care protocol**, Vancouver Health Department, page 105, contact page 110.

16. **Institutions with protocols in British Columbia**, see contacts pages 111-112.

17. **Protocol for abuse in facilities**, Community Care Facilities Licensing Branch, Ministry of Health, British Columbia, page 108, contact page 113.

18. **Elder Abuse Project, Continuing Care Division**, definitions and protocol, Ministry of Health, British Columbia, page 108, contact page 113.

19. **Health care related to abuse, assault, neglect and family violence**, guidelines for health facilities in response to abuse, Health Services Directorate, Health and Welfare Canada, page 128, contact page 133. Also available from the National Clearinghouse on Family Violence, page 133.

Brochures, booklets, videos, kits and other educational material

1. **Educational materials** for family members and health care professionals, under development, English, Oldest Old Protection Project, Victoria General Hospital, Nova Scotia, page 19, contact page 22.

2. **Seniors and the Law Kit**, Public Legal Education Society of Nova Scotia, page 19, contact page 22. English copies available for $5 plus postage.

3. **Elder Abuse: Everyone's Concern**, 1986 booklet, Nova Scotia Senior Citizens Secretariat, page 19, contact page 23. Free.

4. **Educational materials including booklets and a video, Learning Today For a Better Tomorrow**, Prince Edward Island Association of Social Workers, page 27, contact page 31. English; samples available on purchase or loan basis.

5. **Publications for physicians** about the indicators of woman, child and elder abuse, the New Brunswick Medical Society, page 35, contact page 38.

6. **S'en sortir/Calling a Halt, Les risques de l'âge/Imagine the Worst** videos on elder abuse produced by the Sûreté du Québec, page 44, contact page 48, free copies.

7. **Veillir sans violence**, report from the 1990 Quebec conference on elder abuse, available in French, $30, page 45, contact page 48.

8. **Growing old... and remaining free (Vieillir en toute liberté)**, Quebec Ministry of Health and Social Services (Ministère de la Santé et des Services sociaux), Committee on Elder Abuse, 1989 report. French and English, page 45, contact page 49.

9. **Handbook on Elder Abuse**, Ontario Association of Professional Social Workers, page 57, contact page 68. Written requests only; pay for postage.

10. **Let's Break the Silence**, a brochure, and **Where to get help**, a resource list for Toronto, English, Awareness Project on the Abuse of the Elderly, page 55, contact page 66. Copies available on request.

11. **Pamphlets, fact sheets, posters and a video on elder abuse**, Toronto Mayor's Committee on Aging, Crime and Abuse Subcommittee, page 54, contact page 61. Pamphlets are available in English, French, Chinese, Italian and Portuguese.

12. **Elder Abuse: We are all at risk (Mauvais traitements à l'égard des personnes âgées: tous à risque)**, Sudbury Elder Abuse Committee (copies of their constitution are also available), page 53, contact page 61.

13. **Enhancing Awareness of Elder Abuse: Three Educational Models**, Council on Aging of Ottawa-Carleton, page 54, contact page 61, English and French.

14. **Report and complaint mechanism brochure**, Concerned Friends of Ontario Citizens in Care Facilities, page 55, contact 67.

15. **Elder Abuse: The Hidden Crime**, a pamphlet, and **Elder Abuse: The Hidden Crime**, a resource booklet for seniors and the community, developed by the Advocacy Centre for the Elderly, Toronto, page 59. Pamphlet available through Community Legal Education Ontario, 700 King Street West, Suite 618, Toronto, Ontario, M5V 2Y6. Booklet available through the Ontario Office for Seniors' Issues, contact page 73.

16. **A Review of Community Program Responses to Elder Abuse in Ontario**, Office for Seniors' Issues, Government of Ontario, page 60, contact page 73, English and French.

17. **Brochure, training manual and Aging Victimization and Abuse Game**, the latter for purchase, Elder Abuse Resource Centre, Age and Opportunity, Winnipeg, page 76, contact page 80.

18. **Elder Women Speak Out on Abuse**, a brochure, and **Abuse of Elderly Women**, a booklet, Senior Women Against Abuse Collective, Winnipeg, page 77, contact page 80, brochure free if postage is paid, booklet $2 plus postage.

19. **Victimization of the Elderly, an overhead presentation**, RCMP, Winnipeg, page 78, contact page 82.

20. **Standing Up for Yourself**, video on financial abuse, and three informational brochures, the Manitoba Seniors Directorate, page 79, contact page 83, English and French.

21. **Report on elder abuse**, the Elder Abuse Information Project, Seniors Education Centre, University of Regina, page 86, contact 89.

22. **Overhead presentation on elder abuse**, Calgary Police Service Victim Assistance Unit, page 96, contact page 100.

23. **Elder Abuse and Neglect**, a brochure, fact sheet and booklet on elder abuse, Office for the Prevention of Family Violence, Alberta Family and Social Services, page 97, contact page 101.

24. **Video and educational materials** including a booklet, **Elder Abuse and Neglect, A Guide to Intervention**, Committee for the Prevention of Elder Abuse and Neglect, Social Planning and Research Council of British Columbia (SPARC), page 104, contact page 109.

25. **CoPS project description, evaluation and list of police references on elder abuse**, Community Police Stations, Victoria, British Columbia, page 107, contact page 112.

26. **Putting your affairs in order**, a brochure, and a progress report, Legal Services for the Elderly, North Vancouver, page 107, contact page 113.

27. **Materials from the National Clearinghouse on Family Violence**, Health and Welfare Canada, page 128, contact page 133. Includes bibliography on elder abuse, fact sheet, discussion paper, selected articles, project summary, booklet and copies of **The National Survey of Abuse of the Elderly in Canada**. All materials are available free in English and French.

28. **Canada's Mental Health**, Health Services Directorate, Health and Welfare Canada, page 128, contact page 133.

29. **Police and the Elderly: Evolving Implications in an Aging Society**, report from the Solicitor General of Canada, page 129, contact page 134, English and French.

30. **Frauds and other Con Games**, a video and three pamphlets, RCMP, page 129, contact page 134, in English and French.

31. **Mr. Nobody, A House Divided, Calling a Halt, Silence Upstairs**, videos on elder abuse and accompanying study guides, National Film Board of Canada, page 130, contact page 135. May be borrowed through the regional offices of the NFB.

32. **The Other Side of the Mountain: Working Together on Family Violence**, report of the Interdisciplinary Project on Domestic Violence, page 126, contact page 131, French and English. Available from the National Clearinghouse on Family Violence, page 133.

33. **Elder Abuse: Major Issues from a National Perspective** and **Consumer Fraud and Seniors**, National Advisory Council on Aging, page 127, contact page 132.

Appendix V
Additional Information Collected

In order to keep *A Shared Concern* specific to elder abuse, non-specific information about family violence or seniors initiatives was not included in the body of the text. However, since some of the additional information provided by respondents may be useful to the field, it is given here.

This additional information is described by province or territory; only those jurisdictions that volunteered extra information are included.

Nova Scotia

The province of Nova Scotia provided additional information related to current efforts in family violence.

The provincial study under way (see pages 25, 26) has three objectives:

- to test in a less structured way the findings of the Ryerson Study with respect to perception, incidence and causality of elder abuse and neglect in Nova Scotia,
- to identify the major problem areas at the local and provincial levels that must be overcome if the province is to address elder abuse and neglect more effectively and
- to commit to paper a tentative plan of action to address the problems identified, making provision for needed regional variations.

In addition to the study on elder abuse, the federal Minister of the Solicitor General and the Nova Scotia Department of the Solicitor General has initiated a two and one half year joint project to improve the collection, co-ordination and management of information on family

violence cases in Nova Scotia. This project is called the **Nova Scotia Family Violence Tracking Project**.

A preliminary list of activities envisioned for the **Nova Scotia Family Violence Prevention Initiative** includes development of public and professional education strategies; implementation of a strategy for media liaison; development and delivery of training programs; co-ordination of provincial research activities; and facilitation of information exchange between government departments and non-government agencies.

The **Nova Scotia Women's Directorate** is also concerned with abuse of seniors as part of its mandate to conduct research on women's issues and inform the minister on policy issues related to victims of violence. It has no specific initiatives on elder abuse, but noted that the abuse of older women is often the outcome of a lifetime of spousal abuse. For more information, contact

The Nova Scotia Women's Directorate
5151 Terminal Road, 7th Floor,
Halifax, Nova Scotia
B3J 2R7
Tel: (902) 424-5820; Fax: (902) 424-0533
Attention: Brigitte Newmann, Director

Ontario

The **Toronto Network for the Prevention of Elder Abuse** (page 68) has the following goals:

- to educate professionals and lay persons about the problem of elder abuse and neglect;
- to promote the sharing of information among professionals and advocates in the field of elder abuse;

- to develop educational programs about elder abuse prevention and intervention for persons working with the elderly;
- to advocate for systems and legislative action to meet the needs of victims and their families;
- to prevent mistreatment of elder persons before it occurs and
- to be sensitive to multicultural and native issues related to elder abuse.

Over the next year, the network will also be sponsoring several forums to educate the public and the business community about the prevention of elder abuse. Video and print material will also be developed.

Manitoba

Seniors for Seniors Inc., a non-governmental seniors group in Brandon, is forming a multidisciplinary committee of community agencies and organizations to plan a professional training workshop on elder abuse and sensitivity training for volunteers.

The **Elder Abuse Project** at the **Thompson Crisis Centre** is developing a research and education program on elder abuse in Northern Manitoba, with funding from Health and Welfare Canada's Seniors Independence Program (SIP). The project is surveying seniors in Thompson and two neighbouring communities to assess their needs for specific programs for victims of abuse. The survey is being conducted in English and native languages. For more information, contact

Elder Abuse Project, Thompson Crisis Centre Inc.
22 55 Selkirk Avenue
Thompson, Manitoba
R8N 0M5
Tel: (204) 677-9668

The **Senior Women Against Abuse Collective**, which includes representatives from the Women's Resource Centre at the YM-YWCA, Creative Retirement Manitoba and the Manitoba Action Committee on the Status of Women, was formed to study the issue of abuse against elderly women. Their 30-page report, which involved interviewing elderly women, explains attitudes about ageism and sexism; social structures, including the criminal justice system; and domestic abuse, from isolation to sexual abuse. It states, "Organizations working to advance the needs and concerns of women must continue to be funded, to educate our institutional agencies and the general public as to prevention, education, recognition, treatment and care regarding the abuse of elderly women."

British Columbia

The **Gerontology Research Centre/Program in Gerontology, Simon Fraser University**, and the **Committee on Gerontology, University of British Columbia**, have conducted research on elder abuse, and educate students, the media and the community about seniors issues, including elder abuse. For furtner information, contact

Gerontology Research Centre, Simon Fraser University
515 West Hasting Street
Vancouver, British Columbia
V6B 5K3
Tel: (604) 291-5062; Fax: (604) 291-5066
Attention: Dr Gloria Gutman

The Committee on Gerontology
University of British Columbia
Vancouver, British Columbia
V6T 1L2
Tel: (604) 228-5881; Fax: (604) 228-6679
Attention: John B. Collins

The **Project to Review Adult Guardianship** is a coalition of over 120 individuals, community agencies and professionals working to make recommendations concerning adult guardianship legislation. The project deals with elder abuse as part of its review of issues pertaining to adults who are in some way incapable of decision making.

Project to Review Adult Guardianship
Community Legal Assistance Society
800-1281 West Georgia Street
Vancouver, British Columbia
V6E 3Y2
Tel: (604) 685-3425; Fax: (604) 685-7611

Northwest Territories

The **Guardianship Act** was tabled in the Northwest Territories Legislative Assembly in March 1991. It will provide a court mechanism to protect abused adults. It is not expected to become law until 1992 or 1993.

National Organizations and Federal Government

Canadian Women's Studies/les Cahiers de la femmes had a special issue on the topic of Women and Aging in the winter of 1992, which included an article on elder abuse. For more information, contact

Canadian Women's Studies
212 Founders College, York University
4700 Keele Street
Downsview, Ontario
M3J 1P3
Tel: (416) 736-5356

Appendix VI
Addition/Correction Form

Circle One

1. Please add our elder abuse program, service or protocol to *A Shared Concern.*

2. Please correct the reference to our organization or program on page _____ (fill in page number).

Description

Name:_____

Address:_____

Street City

_____ _____

Province/Territory Postal code

Telephone: ( ) _____ Fax: ( ) _____

Contact Person: _____

Language(s): _____

Please provide a brief, half-page description of your program or the corrections required on an accompanying page.

Resources

Please describe your resource(s) on elder abuse; indicate language(s) and if copies are available to others.

Please return to: ***A Shared Concern***
Seniors Secretariat
Health and Welfare Canada
Ottawa, Ontario K1A 0K9